

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069922

1. Entity Name

RJR ENGINEERING, INC.

Principal Place of Business

Mailing Address

15812 FAIRCHILD DRIVE  
TAMPA FL 33647

15812 FAIRCHILD DRIVE  
TAMPA FL 33647-1124

2. Principal Place of Business

3. Mailing Address

420 GULF BLVD UNIT 304  
Suite, Apt. #, etc.

P.O. Box 1060  
Suite, Apt. #, etc.

INDIAN ROCKS BEACH, FL

INDIAN ROCKS BEACH, FL

City & State

City & State

Zip

Country

33785 USA

Zip

Country

33785 USA

6. Name and Address of Current Registered Agent

RILEY, RON  
15812 FAIRCHILD DRIVE  
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

420 GULF BLVD

UNIT 304

City

INDIAN ROCKS BEACH

FL

Zip Code

33785

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RILEY, RONALD	
STREET ADDRESS	15812 FAIRCHILD DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RILEY, CHERYL E	
STREET ADDRESS	15812 FAIRCHILD DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Riley, Ronald	
STREET ADDRESS	420 GULF BLVD UNIT 304	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Riley, Cheryl	
STREET ADDRESS	420 GULF BLVD. UNIT 304	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Riley

Date

Daytime Phone #

727-517-17

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90041 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465251

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required