

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P97000069922**

1. Entity Name  
**RJR ENGINEERING, INC.**

Principal Place of Business Mailing Address  
**15812 FAIRCHILD DRIVE 15812 FAIRCHILD DRIVE**  
**TAMPA FL 33647 TAMPA FL 33647-1124**

2. Principal Place of Business 3. Mailing Address  
**420 Gulf Blvd UNIT 304 P.O. Box 1060**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Indian Rocks Beach, FL Indian Rocks Beach, FL**

Zip Country Zip Country  
**33785 USA 33785 USA**



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

**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 **Ron Riley**  
 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]* (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"/> Delete
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"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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)(f), 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]* **Ron Riley** Date **727-517-17**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #