

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-13-2001 90008 024 ***150.00

DOCUMENT # P97000097379

1. Entity Name
RJA INVESTMENT GROUP, INC.

Principal Place of Business
**5831 MEMORIAL HWY.
TAMPA FL 33615**

Mailing Address
**5831 MEMORIAL HWY.
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3476511**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, ROBERT J. DIANE M
5831 MEMORIAL HWY.
TAMPA FL 33615

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

City **FL** Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BOYD, DIANE M	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>
VD	BOYD, BRENDA L	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>
VSD	REILLY, MARY ANNE B	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>
VD	HENDERSON, DEBRA B	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>
VD	BOYD, JOHN T	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>
VD	BOYD, ROBERT J	5831 MEMORIAL HWY.	TAMPA FL 33615	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TVD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BOYD, MARY ANNE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	HENDERSON, DEBRA BOYD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if 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

1/6/01
Date

813-888-8110
Daytime Phone

CR2E034 (10/00)