

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 028 ***150.00

DOCUMENT # **P97000097379** ✓

1. Entity Name
RJA INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

639973

2. Principal Place of Business
5831 MEMORIAL HWY
Suite, Apt. #, etc.

3. Mailing Address
5831 MEMORIAL HWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL
Zip
33615
Country
USA

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TAMPA FL
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4. FEI Number
59-3476511
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DIANE M. BOYD
Street Address (P.O. Box Number is Not Acceptable)
5831 MEMORIAL HWY
City
TAMPA **FL** Zip Code
33615

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 **Diane M. Boyd**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/9/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRENDA L. BOYD 5831 MEMORIAL HWY TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P DIANE M. BOYD 5831 MEMORIAL HWY TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P DEBRA BOYD HENDERSON 5831 MEMORIAL HWY TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARY ANNE BOYD 5831 MEMORIAL HWY TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT J. BOYD 5831 MEMORIAL HWY TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P JOHN T. BOYD 5831 MEMORIAL HWY TAMPA FL 33615

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane M. Boyd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/9/02

DAYTIME PHONE #
813.888.8100

CR2E034B (12/01)