

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101364

1. Entity Name

RJ ASSOCIATES AND R & W ELECTRONICS INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90093 042 ***150.00

Principal Place of Business

1273 N. CHURCH ST.
MOORESTOWN NJ 08057

Mailing Address

1273 N. CHURCH ST.
MOORESTOWN NJ 08057-1115

2. Principal Place of Business

185 S. COLLIER BLVD

3. Mailing Address

Suite, Apt. #, etc.

D 202

Suite, Apt. #, etc.

City & State

MARCO ISLAND

City & State

Zip

Country

34145

Zip

Country

4. FEI Number

65-0797632

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

PERROTTI, RICHARD

~~205 N. COLLIER BLVD. SUITE 231~~
MARCO ISLAND FL 33069

Name

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

185 S COLLIER BLVD D 202

City

MARCO ISLAND

FL

Zip Code

34145

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PERROTTI, RICHARD
STREET ADDRESS ~~205 N. COLLIER BLVD. STE. 231~~ 185 S COLLIER
CITY-ST-ZIP MARCO ISLAND FL 33069 MARCO ISLAND FL

☐ Delete

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☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)