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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P98000063475 **Secretary of State** 1. Entity Name RJS LUXURY BOXES, INC. 02-11-2002 90003 045 ***150.00 Principal Place of Business Mailing Address C/O J. MATTHEW MARQUARDT C/O J. MATTHEW MARQUARDT 00020506 625 COURT ST SUITE 200 625 COURT ST SUITE 200 CLEARWATER FL 33756 **CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3541705 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUARDT, J. MATTHEW ESQ. Street Address (P.O. Box Number is Not Acceptable) **625 COURT STREET** SUITE 200 **CLEARWATER FL 33756** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (9/01)TITLE Defete TITLE Addition DENNIS I HOLLAND NAME MUSSOLINO, FRANK NAME 1322 Wyndham Lakes Pr STREET ADDRESS 16306 MILLANDE AVILA STREET ADDRESS CR2E034 Odessa FL 33556 CITY-ST-7IP **TAMPA FL 33613** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 ~ CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing coes 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 of trastee empoyered to execute this report se required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachment with