

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107114

1. Entity Name

RDRJ CONSTRUCTION, INC. *R*

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90001 049 ***150.00

Principal Place of Business

539 BOB SIKES BLVD. SUITE #15
FT WALTON BEACH FL 32547

Mailing Address

539 BOB SIKES BLVD. SUITE #15
FT WALTON BEACH FL 32547-2174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3551536

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EMT SERVICE COMPANY, INC.~~
~~1301 SIOUX CIRCLE~~
~~CRESTVIEW FL 32636-9575~~

7. Name and Address of New Registered Agent

Name

Bon A. McKinnie

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

539 Bob Sikes Blvd. #16

City

Fort Walton Beach

FL

Zip Code

32547

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 *Bon A. McKinnie*

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

Bon A. McKinnie Officer

(NOTE: Registered Agent signature required when reinstating)

4-15-00

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

TITLE **P** ☐ Delete
NAME **MCKINNEY, DERRICK L**
STREET ADDRESS **539 BOB SIKES BLVD #1**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **O** ☐ Delete
NAME **MCKINNIE, RICHIE L**
STREET ADDRESS **134 EDNA DR**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **O** ☐ Delete
NAME **MCKINNIE, RON A**
STREET ADDRESS **539 BOB SIKES BLVD #16**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MCKINNIE, DERRICK L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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: *Bon A. McKinnie* *Bon A. McKinnie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

(850) 864-5362

Daytime Phone #

CR2E034 (9/99)