

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002518

1. Entity Name

RJ SYSTEMS INC.

Principal Place of Business

Mailing Address

12006 TREVINO PLACE  
TAMPA FL 33624

12006 TREVINO PLACE  
TAMPA FL 34639-0979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
33549

Country  
Pasco

Zip  
34639-0979

Country  
Pasco

FILED

00 OCT 20 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number

59-3558332

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

ANDERTON, JAMES H  
12006 TREVINO PLACE  
TAMPA FL 33624

Name

Anderton, James H.

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

1901 Brinson Rd., Q5

City

Lutz

FL

Zip Code

33549

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

James H. Anderton

(NOTE: Registered Agent signature required when reinstating)

DATE

10/16/00

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	D	<input type="checkbox"/> Delete
NAME	SNOW, RAMONA L	
STREET ADDRESS	12006 TREVINO PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERTON, JAMES H	
STREET ADDRESS	12006 TREVINO PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snow, Ramona L	
STREET ADDRESS	1901 Brinson Rd., Q5	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderton, James H.	
STREET ADDRESS	1901 Brinson Rd., Q5	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floyd C. McGuire	
STREET ADDRESS	8906 Citrus Village Dr., apt 208	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James H. Anderton 10/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

813-989-0636

0514465

CR200009/999