

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90103 004 \*\*\*158.75

**DOCUMENT # P99000002518**

1. Entity Name

**RJ SYSTEMS INC.**

Principal Place of Business

**1901 BRINSON ROAD  
Q5  
LUTZ FL 33549**

Mailing Address

**P.O. BOX 979  
LAND O' LAKES FL 34639-0979**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3558332**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
1901 BRINSON ROAD, Q5  
LUTZ FL 33549**

Name

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

City

**FL**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
<b>DST SNOW, RAMONA L 1901 BRINSON ROAD, Q5 LUTZ FL 33549</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>DP ANDERTON, JAMES H 1901 BRINSON ROAD, Q5 LUTZ FL 33549</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>V MCGUIRE, FLOYD C 8906 CITRUS VILLAGE DRIVE, APT. 208 TAMPA FL 33626</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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, and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James H. Anderton****2/22/01**

Date

**813-909-7506**

Daytime Phone #

CR2E034 (10/00)