

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050559

1. Entity Name

R.J.T. OF CENTRAL FLORIDA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90123 042 ***150.00

Principal Place of Business

21701 FREEMAN DRIVE
UMATILLA FL 32784

Mailing Address

21701 FREEMAN DRIVE
UMATILLA FL 32784

2. Principal Place of Business

844 AMY STREET

Suite, Apt. #, etc.

3. Mailing Address

22715 QAULE GROVE

Suite, Apt. #, etc.

City & State

MOUNT DORA FL

City & State

EUSTIS FL

Zip

32757

Country

USA

Zip

32736

Country

US

4. FEI Number

59-3580623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBER, RON
22701 QAULE GROVE ROAD
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name

RON COBER

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

22715 QAULE GROVE ROAD

City

EUSTIS

FL

Zip Code

32736

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

Ron Cober

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COBER, RON	
STREET ADDRESS	22701 QAULE GROVE ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBER, PATRICIA A	
STREET ADDRESS	22701 QAULE GROVE ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	22715 QAULE GROVE ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	22715 QAULE GROVE ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
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		
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:

Ron Cober

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 352-735-5781

Date

Day: the Phone #

CR2E034 (10/00)