

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90018 001 ***150.00

DOCUMENT # P99000065293

1. Entity Name

R & J SITE DEVELOPMENT, INC.

Principal Place of Business

**5365 JONES RD.
ST. CLOUD FL 34771**

Mailing Address

**5365 JONES RD.
ST. CLOUD FL 34771**

2. Principal Place of Business

**101 E 17th St.
Suite, Apt. #, etc.**

3. Mailing Address

**101 E 17th St.
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-3588880

Applied For

Not Applicable

Zip

34769

Country

Osceola

Zip

34769

Country

Osceola5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, RUSS
5365 JONES RD.
ST. CLOUD FL 34771**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
NAME **FISCHER, RUSS**
STREET ADDRESS **5365 JONES RD.**
CITY-ST-ZIP **ST. CLOUD FL 34771**TITLE **D** ☒ Delete
NAME **MCCOMMON, JOHN**
STREET ADDRESS **5365 JONES RD.**
CITY-ST-ZIP **ST. CLOUD FL 34771**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **101 E 17th St.**
CITY-ST-ZIP **St. Cloud, FL 34769**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)