

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000083995**

1. Entity Name

HRJ GROUP, INC.**FILED**
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90131 015 ***150.00

0139908

Principal Place of Business

**5345 N.W. 120TH AVENUE
CORAL SPRINGS FL 33076**

Mailing Address

**5345 N.W. 120TH AVENUE
CORAL SPRINGS FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0952970**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COVE, ANDREW N ESQ.
3801 HOLLYWOOD BOULEVARD
SUITE 100
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
WALKER, MARK E
5345 N.W. 120TH AVENUE
CORAL SPRINGS FL 33076** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
WALKER, RONNI A
5345 N.W. 120TH AVENUE
CORAL SPRINGS FL 33076** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/01

Date

954 564 7701

Daytime Phone #

CR2024 (10/00)



ADVISORY
SERVICES, INC.

2455 E. Sunrise Blvd. Ste: 502
Fort Lauderdale, Florida
33304

Attachment 979235
Doc. # P 99000083 995

Gerald S. Schnitzer, President

September 13, 2001

Florida Division of Corporations
Re:HRJ Group, inc.

Our client requests a waiver of the penalty amount and we are submitting a check for \$ 150.00.

The year has been very difficult for our client. He is a Life and Health Insurance salesman. He is not very knowledgeable in filing requirements as he is a one man company. We have recently been retained as his tax accountants.

Thank you for your consideration and your understanding.

Very truly yours,