

DOCUMENT # P99000090237

1. Entity Name
RJS MANAGEMENT, INC.

Principal Place of Business
3515 VILLAGE BLVD., APT. 402
WEST PALM BEACH FL 33409

Mailing Address
3515 VILLAGE BLVD., APT. 402
WEST PALM BEACH FL 33409

2. Principal Place of Business
7704 RED RIVER ROAD
Suite, Apt. #, etc.

3. Mailing Address
7704 RED RIVER ROAD
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

Zip
33411

Country
U.S.A.

Zip
33411

Country
U.S.A.

4. FEI Number 65-0960874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLZ
PALM BEACH FL 33480

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPT SCHATTIE, R.J. 3515 VILLAGE BLVD., APT. 402 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHATTIE, R.J. 7704 RED RIVER ROAD WEST PALM BEACH, FL. 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R.J. Schattie, DPT 1-4-2001 561 686 0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RJS MANAGEMENT, INC.
7704 Red River Road
West Palm Beach, FL 33411