

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

May 20, 2000 8:00 am
Secretary of State

01-25-2000 90108 033 ****61.25

05-20-2000 90011 045 ****88.75

DOCUMENT # S01971

1. Entity Name

RJM INVESTMENTS, INC.

Principal Place of Business

301 HAVERHILL ROAD
COCOA FL 32927

Mailing Address

POST OFFICE BOX 10008
COCOA FL 32927-0008

2. Principal Place of Business

4665 Albany St.

Suite, Apt. #, etc.

3. Mailing Address

4665 Albany St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3027170

Applied For

Not Applicable

Zip

32927

Country

Brevard

Zip

32927

Country

Brevard

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

6. Name and Address of Current Registered Agent

HARRISON, DAVID A.
102 COLUMBIA DRIVE
SUITE 201
CAPE CANAVERAL FL 32920

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 re-registering)

Roger J. Molitor, Pres. 1/19/2000

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, 2000 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	PVT	<input type="checkbox"/> Delete
NAME	MOLITOR, ROGER J.	
STREET ADDRESS	301 HAVERHILL	
CITY-ST-ZIP	COCOA FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLITOR, ROGER J.	
STREET ADDRESS	4665 ALBANY ST.	
CITY-ST-ZIP	COCOA, FL 32927	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER J. MOLITOR, PRES.

1/19/2000

321/269-1644

Date

Daytime Phone #