FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # S01971 01-27-2003 90139 009 \*\*\*150.00 1. Entity Name RJM INVESTMENTS, INC. Principal Place of Business Mailing Address 4665 ALBANY ST 4665 ALBANY ST COCOA FL 32927 COCOA FL 32927 3. Mailing Address 5401 RIVEREDGE DRIVE 2. Principal Place of Business 5401 RIVEREDGE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State TITUSVILLE, FLORIDA Applied For City & State 4. FEI Number 59-3027170 TITUSVILLE, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32780 32780 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name ROGER J. MOLITOR HARRISON, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 815 S. WASHINGTON AVE SUITE 102 5401 RIVEREDGE DRIVE TITUSVILLE FL 32780 City TITUSVILLE 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. I am familiar with, and accept the obligations of stered agent ROGER J. MOLITOR 1/20/2003 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P, D X Change Addition TITLE ☐ Delete TITLE MOLITOR, ROGER J. NAME NAME MOLITOR, ROGER J. STREET ADDRESS STREET ADDRESS 4665 ALBANY ST 5401 RIVEREDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 TITUSVILLE, FLORIDA 32780 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition ☐ Delete Change TITLE TITLE

12. Thereby certify that the information supplied of 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 perfort 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachmagn with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IREROGER J. MOLITOR, PRESIDENT

(321) 268-3640

Daytime Phone #