

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

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 021 ***150.00

DOCUMENT # S 41433

1. Entity Name

R & J Innovations, Inc.

DO NOT WRITE IN THIS SPACE

80053579

2. Principal Place of Business

1472 Southwind Dr.

3. Mailing Address

1472 Southwind Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Casselberry, FL

City & State

Casselberry, FL

4. FEI Number

59-3058248

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Culton, Robert H., II P.A.

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

449 East Central Pkwy

Suite 120

City

Altamonte Springs

FL

Zip Code

32701

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PP
Hughes, John G.
1472 Southwind Dr.
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Myers, James R.
237 Robin Rd.
Altamonte Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2002

Date

407 696-2746

Daytime Phone #

CR2E034B (12/01)