

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90077 023 \*\*\*150.00

**DOCUMENT # S59108**

1. Entity Name

**RJS, INC.**

Principal Place of Business

Mailing Address

7435 S TAMiami TRAIL  
 SARASOTA FL 34231

7435 S TAMiami TRAIL  
 SARASOTA FL 34231-7005

2. Principal Place of Business

3. Mailing Address

**6141 GULF OF MEXICO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LONGBOAT KEY FL**

4. FEI Number

**65-0276788**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34228 MANATEE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITCHEY, JAMES L**  
**1550 RINGLING BLVD**  
**SARASOTA FL 34236**

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, 2000 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  Delete  
 NAME **P DOCKERY, ROBERT**  
 STREET ADDRESS **6141 GULF OF MEXICO DR**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S DOCKERY, SUSAN J**  
 STREET ADDRESS **6141 GULF OF MEXICO DR**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Add  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Add  
 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**

Date

**941 383 7447**

Daytime Phone #