2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59113 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name RFJ ENTERPRISES, INC. 04-14-2000 90092 031 ***150.00 Principal Place of Business Mailing Address 106 COMMERCE WAY 106 COMMERCE WAY UNIT A1 UNIT AT JUPITER FL 33458 JUPITER FL 33458-8838 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. . Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0267142 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRAMER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 6650 W. INDIANTOWN RD. SUITE 200 JUPITER FL 33458 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE FORTUNATO, JOSEPH R NAME NAME STREET ADDRESS 106 COMMERCE WAY #A1 STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE FORTUNATO, DIANNE S NAME NAME 106 COMMERCE WAY A-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.