## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State **DOCUMENT # \$86768** 1. Entity Name 05-18-2001 91608 001 \*\*\*600.00 S J INVESTMENTS, INC. Principal Place of Business Mailing Address 1127 5TH STREET 1127 5TH STREET 72708 ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3099759 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICE P.A., FREDRICK L. Street Address (P.O. Box Number is Not Acceptable) 5611 ST. AUGUSTINE ROAD ONE INDEPENDENT DRIVE JACKSONVILLE FL 32207 City 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, ப்புர்கள்க், typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE USINA, V.J. III NAME NAME STREET ADDRESS 1127 5TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.J. Usina, III

05/01/01

Daytime Phone #

FILED