

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V18525**1. Entity Name  
R.J.N. INDUSTRIES, INC.

Principal Place of Business 6732 NW 20TH AVE  FT. LAUDERDALE 33309	FL	Mailing Address 6732 NW 20TH AVE  FT. LAUDERDALE 33309	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**65-0320194**Applied For  
Not Applicable5. 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**WESELS, ROBERT H.  
5111 NE 17TH AVENUEFT. LAUDERDALE  
33334

FL

Name  
WESELS ROBERT HStreet Address (P.O. Box Number is Not Acceptable)  
5111 NE 17TH AVENUECity  
FT. LAUDERDALE

FL

Zip Code  
33334

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 **ROBERT H WESELS****04/16/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BAKER LOIS C	
STREET ADDRESS	15945 44TH STREET	
CITY-ST-ZIP	LOXAHATCHEE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER LOIS C	
STREET ADDRESS	15945 44TH STREET	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON NORMAN JR.	
STREET ADDRESS	15945 44TH ST.	
CITY-ST-ZIP	LOXAHATCHEE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, JR. NORMAN	
STREET ADDRESS	15945 44TH ST.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCAFFERTY JAMES S.T.	
STREET ADDRESS	1125 S FLAGLER AVENUE APT. 512	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERTY JAMES S	
STREET ADDRESS	1125 S FLAGLER AVENUE APT. 512	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WESELS, ROBERT H.	
STREET ADDRESS	5111 NE 17TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESELS ROBERT H	
STREET ADDRESS	5111 NE 17TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

**SIGNATURE:** Robert H. Wesels

VSTD 04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)