

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90133 017 \*\*\*150.00

0061796  
AV

**DOCUMENT # L08033**

1. Entity Name  
**ROGERS & ASSOCIATES CONSULTANTS, INC.**

Principal Place of Business 11329 CR561A CLERMONT FL 34711 US	Mailing Address 11329 CR561A CLERMONT FL 34711 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2959716</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERBERT L ROGERS JR**  
**11329 CR 561A**  
**CLERMONT FL 34711**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, ROWENA E.</b>	
STREET ADDRESS	<b>11329 CR 561A</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>TAS</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, TERESA</b>	
STREET ADDRESS	<b>340 W. MINNEHAHA AVE.</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, HERBERT L., JR.</b>	
STREET ADDRESS	<b>11329 CR 561A</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GULLETT, PATRICIA</b>	
STREET ADDRESS	<b>4238 ROGERS ROAD</b>	
CITY-ST-ZIP	<b>GREENWOOD FL 32423</b>	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)(l), 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 empowerments.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-28-02**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)