

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90137 026 ***150.00

DOCUMENT # 231330

1. Entity Name
RODGERS CORNERS INC



Principal Place of Business
**1724 INDIAN ROCKS RD.
BELLEAIR FL 33756
US**

Mailing Address
**1724 INDIAN ROCKS RD.
BELLEAIR FL 33756
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2101 Starkey Rd.

Suite, Apt. #, etc.

Bldg L-18

City & State

Largo, Fla.

Zip

33771

Country

Pinellas

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0882744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODGERS, AUDREY E
1724 INDIAN ROCKS RD
BELLEAIR FL 33756**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **RODGERS, LENARD E.**
STREET ADDRESS **2118 ROYAL FERN CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☐ Delete
NAME **RODGERS JR, T PATRICK**
STREET ADDRESS **4195 S SHADE AVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ST** ☐ Delete
NAME **RODGERS, AUDREY E**
STREET ADDRESS **1724 INDIAN ROCKS RD**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **AVP** ☐ Delete
NAME **RODGERS, GREGORY P**
STREET ADDRESS **2130 DEER HOLLOW CIR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **AS** ☐ Delete
NAME **RODGERS, CHERI A**
STREET ADDRESS **1724 INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **AS**
STREET ADDRESS **CHERI Rodgers Jaensch**
CITY-ST-ZIP **513 GIVENS AVE.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SARASOTA, FLA. 34242**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03
Date

(721) 536-1394 PM
Daytime Phone #

CR2E034 (10/02)