

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 275875

1. Entity Name
RODGERS CARS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 044 ***158.75

Principal Place of Business 3476 FOWLER ST. FORT MYERS FL 33901	Mailing Address 13880 S TAMIAMI TRAIL FORT MYERS FL 33912-1628 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 110729	3. Mailing Address P.O. Box 110729
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
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4. FEI Number 59-1027468	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip 34108-0113	Country USA	Zip 34108-0113	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FREELAND, BERNARD G
13880 S. TAMIAMI TRAIL
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent
Name **BERNARD G. FREELAND**
Street Address (P.O. Box Number is Not Acceptable)
92 MYRTLE RD.
City **NAPLES FL** Zip Code **34108**

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FREELAND, CHRISTOPHER 917 CYPRESS LAKE CIR FT. MYERS FL 33904 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER FREELAND 917 CYPRESS LAKE CIR. FT. MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREELAND, GEORGE T 13880 S. TAMIAMI TRAIL FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE T. FREELAND 813 CAL COVE DR. FT. MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREELAND, BERNARD G 92 MYRTLE RD NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] CFO Date 4/26/00 941-633-3646 Daytime Phone #

CR2E034 (9/99)