

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90149 046 ***150.00

CR2E034 (10/02)

DOCUMENT # 276094

1. Entity Name
ROGERS GROVES, INC.



Principal Place of Business
7100-39 #237
PALM BEACH GARDENS FL 33418

Mailing Address
7100-39 #237
PALM BEACH GARDENS FL 33418



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

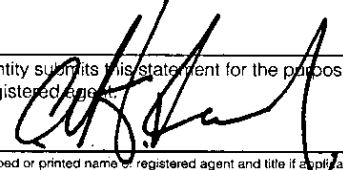
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~RACE, HERBERT R~~ **CHARLES H., JR.**
5 VIA AURELIA
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name
CHARLES - H. - RACE, JR.
Street Address (P.O. Box Number is Not Acceptable)
7100-39 Fairway Drive #237
City **Palm Beach Gardens, FL 33418** 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  DATE **04/07/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RACE, HERBERT R. 3150 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACE, CHARLES H., JR. 5 VIA AURELIA WINTER HAVEN FL 33418	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICK, JOANNE R. 105 W. NEW HAMPSHIRE AVE. ORLANDO FL 32804	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JEAN R. 6572 LAGOON AVENUE WINDERMERE FL 34786	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 title empowered.

SIGNATURE:  DATE **04/07/03** (561) 626-6223

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR