

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90093 023 ***150.00

DOCUMENT # 367245

1. Entity Name
ROGERS SEAWALL COMPANY, INC.



Principal Place of Business
**1732 STEADLEY AVENUE
PUNTA GORDA FL 33950-6099
US**

Mailing Address
**1732 STEADLEY AVENUE
PUNTA GORDA FL 33950-6099
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA, FL.

City & State
PUNTA GORDA, FL.

4. FEI Number **59-1301975**

Applied For

Not Applicable

Zip
33950

Country
US

Zip
33950

Country
US

5. 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

**ROGERS, DONALD N
1732 STEADLEY AVE.
PUNTA GORDA FL 33950**

Name
Rogers, Donald N.

Street Address (P.O. Box Number is Not Acceptable)

5906 Duncan Rd

City **Punta Gorda** **FL** Zip Code **33950**

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

3/25/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **ROGERS, DONALD N.**
STREET ADDRESS **1732 STEADLEY AVE.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PDS**
NAME **ROGERS, DONALD N.**
STREET ADDRESS **5906 DUNCAN RD.**
CITY-ST-ZIP **PUNTA GORDA, FL. 33950**

TITLE **S**
NAME **SAVASUK, MICHELLE A**
STREET ADDRESS **425 W. ANN STREET**
CITY-ST-ZIP **PUNTA GORDA FL**

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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

3-25-03

Date Daytime Phone #

CR2E034 (10/02)