

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90003 045 \*\*\*150.00

DOCUMENT # 445237

1. Entity Name

Bob Rogers Realty, Inc.

**DO NOT WRITE IN THIS SPACE**

90995

2. Principal Place of Business

11990 S. Williams St.

3. Mailing Address

P.O. Box 2330

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

P.O. Box 4

City & State

Dunnellon Fla.

City & State

Dunnellon FL 34430

4. FEI Number

59-1545363

Applied For

Not Applicable

Zip

34432

Country

US

Zip

34430

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Robert F. Rogers

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

11990 S. Williams St.

Suite 1

City Dunnellon

FL

Zip Code

34431

**DO NOT WRITE  
IN THIS SPACE**

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

*Robert F. Rogers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*May 29 02*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Robert F. Rogers  
11990 S. Williams St.  
Dunnellon, Fla. 34430

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Thelma S. Rogers  
11990 S. Williams St.  
Dunnellon, Fla. 34430

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert F. Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr. 22-02*

DATE

*352-489-9508*

DAYTIME PHONE #

CR2EQ34B (12/01)