

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90233 037 ***150.00

0354229

DOCUMENT # 600544

1. Entity Name

RODGERS AND REINER, P.A.

Principal Place of Business

Mailing Address

**5104 POE AVE
 TAMPA FL 33629-7527
 US**

**5104 POE AVE
 TAMPA FL 33629-7527
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1221981**

Applied For

Not Applicable

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

**REINER, ERNEST A
 5104 POE AVENUE
 TAMPA FL 33629**

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.

SIGNATURE

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

(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, 2001 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 **PTD** ☒ Delete
 NAME **RODGERS, RICHARD C.**
 STREET ADDRESS **12401 N 22ND ST, B505**
 CITY-ST-ZIP **TAMPA FL**

EXPIRED 2000

TITLE **VSD** ☐ Delete
 NAME **REINER, ERNEST A.**
 STREET ADDRESS **5104 POE AVE**
 CITY-ST-ZIP **TAMPA FL**

←

TITLE **ERNEST A. REINER** ☐ Change ☐ Addition
 NAME **NOW SOLE PRINCIPAL TRUSTEE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

Ernest A Reiner MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17 2001 (813) 839-5917
 Date Daytime Phone #

ERNEST A. REINER, M.D. TRUSTEE

CR2E034 (10/00)