

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90222 024 \*\*\*150.00

**DOCUMENT # 600544**

1. Entity Name  
**RODGERS AND REINER, P.A.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**410 S. ARMENIA AV**

3. Mailing Address

**410 S. ARMENIA AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. 929C**

**APT. 929C**

City & State

City & State

**TAMPA FL**

**TAMPA FL**

Zip

Country

Zip

Country

**33609-3548 USA**

**33609-3548 USA**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **REINER, ERNEST A**  
 Street Address (P.O. Box Number is Not Acceptable) **410 S. ARMENIA AV**  
**APT 929C**  
 City **TAMPA** FL Zip Code **33609-3548**

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.

**SAME AGENT- NEW ADDRESS ONLY**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>REINER, ERNEST A.</b> <b>5104 POE AVE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ernest A. Reiner**

Date

Daytime Phone #

**4/17/02 (813) 259-3538**

CR2E034 (9/01)