FILED

03 SEP 11 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600544

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

Principal Place of Business	Mailing Address
410 S ARMENIA AVE APT 929C TAMPA, FL 33609-3548 US	410 S ARMENIA AVE APT 929C TAMPA, FL 33609-3548 US

20002296083 2
09/11/03--01027--001 **550.00

2. Principal Place of Business	3. Mailing Address
502 S. Fremont Ave.	502 S. Fremont Ave.
Suite, Apt. #, etc. Apt. 1030	Suite, Apt. #, etc. Apt. 1030
City & State Tampa, FL 33606	City & State Tampa, FL 33606
Zip 33606 Country Hillsborough	Zip 33606 Country Hillsborough

☐ CHECK HERE IF MAKING CHANGES

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

REINER, ERNEST A
410 S ARMENIA AVE
APT 929C
TAMPA, FL 33609-3548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
502 S. Fremont Ave. #1030

City Tampa FL Zip Code 33606

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 Ernest A Reiner, P.A. 9/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	PTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	REINER, ERNEST A	NAME	
STREET ADDRESS	410 S ARMENIA AVE, APT 929C	STREET ADDRESS	502 S. Fremont Ave. #1030
CITY-ST-ZIP	TAMPA, FL 336093548	CITY-ST-ZIP	Tampa, FL 33606
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Ernest A Reiner, Pres 9/9/03 (813) 259-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JW 9/11