2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F41947

1. Entity Name

R. DOUGLAS ROGERS D.D.S., P.A.



FILED Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90332 043 ***550.00

2335 TAMIAM SUITE 507 NAPLES FL 3 US	hrennen i	Mailing Addres C/O CARL E. V 2335 9TH ST. NAPLES FL 34 US 3. Mailing Addr	Westman N. Suite 507 103						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4. F	El Number 59-2153379		oplied For	
Zip	Country	Zip	Zip Coun		5. C	Certificate of Status Desired	\$8.75 Add	ditional	
<u> </u>	7. Name and Address of New Registered Agent								
6. Name and Address of Current Registered Agent				Name					
ROGERS, DOUGLAS R				Stroot Address (B.O. Box Number is Net Apportable)					
2335 9TH STREET, NORTH				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 50	7		•						
NAPLES FL 34103				City			Zip Cod		
					FL				
	riamed spings submits this statement ic ions of registered agent. Signature, typed or printed name of registered agent.			ered office of regi:		ent, or both, in the State of Florida. I am	ramiliar with,	and accept	
FILE NOW [II FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		May Be	
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROGERS, R. DOUGLAS 2335 9TH ST. N. #507 NAPLES FL		N/	TLE AME Treet address ITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, R. DOUGLAS 2335 9TH ST. N. #507 NAPLES FL	□ c	N/	TLE AME Treet address TTY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u> </u>	N/ ST	TLE AME Treet address TY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D	N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP			Change	Addition	
TITLE		0		TLE			☐ Change	☐ Addition	

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



Delete

Date Daytime Phone #

Change

☐ Addition