2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52065 1. Entity Name RODGERS CONTRACTING, INC.						Secretary of State 01-29-2002 90048 048 ***150.00				
700 HIDDEN	ce of Business COVE BEACH FL 32547	Mailing Address 700 HIDDEN COVE FT. WALTON BEACH FL 32547				† 1881/1881 (1811-81)/FR (1881/1881/1881/18			1 7 11 8 1814 1 83 1	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4.	FEI Number 59-2172035			pplied For	
Zip	Country	Zip	try	5.	Certificate of Status Desired	\$	8.75 Add			
	6. Name and Address of Current I	 Registered Agent			7.	Name and Address of New F			<u> </u>	
				Name						
RODGERS			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
700 HIDDEN COVE FT. WALTON BEACH FL 32547						· · · · · · · · · · · · · · · · · · ·				
111 117121				City			FL	Zip Code	e	
SIGNATURE 9. This corpo	e named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.		: Registere	d Agent signatur	re required when	reinstating) 10. Election Campaign Fire	DATE		O May Be	
-	ria on back)	Make Check Payab				Trust Fund Contribution	ın. 📙	Added	I to Fees	
11.	OFFICERS AND I	——————————————————————————————————————	12.		А	DDITIONS/CHANGES TO OFF				
TITLE Name Street address City-St-Zip	DP RODGERS, O K 700 HIDDEN COVE FT WALTON BCH, FL 00000	☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Delete RODGERS, RUTH G 700 HIDDEN COVE FT WALTON BCH, FL 00000							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				[Change	Addition	

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:

850 · 863 - 5449 Daytime Phone #