

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90042 045 ***150.00

DOCUMENT # F97000001169

1. Entity Name
ROGGENKAMP ENGINEERING CO.

Principal Place of Business 9911 SHELBYVILLE RD SUITE 102 LOUISVILLE KY 40223	Mailing Address PO BOX 23557 LOUISVILLE KY 40223-0557
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

9911 SHELBYVILLE RD.
 Suite, Apt. #, etc.
 SUITE 201

City & State
 LOU., KY

Zip 40223	Country	Zip	Country
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4. FEI Number 61-1268207 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

MILLER, SHRADER R
 BOX 265, TRACE PALMAS CONDOS #4
 3RD & G ST
 CEDAR KEY FL 32625

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DCP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROGGENKAMP, JAMES D	9911 SHELBYVILLE RD	LOUISVILLE KY 40223						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **DATE:** 17 Feb 2000 **Daytime Phone #:** 502/429 8883

CR2E034 (9/99)