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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE: \_

## Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # H47597** ROY RODGERS CONSTRUCTION, INC. 01-16-2001 90055 001 \*\*\*150 00 Principal Place of Business Mailing Address 5445 MARIMER ST 5445 MARIMER ST TAMPA FL 33609 TAMPA FL 33609 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2519302 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGERS, ROY Street Address (P.O. Box Number is Not Acceptable) 3390 GANDY BLVD NORTH LOT 657 ST PETE FL 33702 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F TITLE ☐ Delete odgers Roy R RODGERS, ROY R. NAME NAME 3390 GANDY BLVD N LOT657 STREET ADDRESS STREET ADDRESS ST PETE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE RODGERS, ROY R. NAME 3390 GANDY BLVD N LOT657 STREET ADDRESS STREET ADDRESS ST PETE FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE RODGERS\_CATHERINE J. NAME NAME 3390 GANDY BLVD-N-LQ1657 STREET ADDRESS STREET ADDRESS ST PETE FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP\*\* ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

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