FILED

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90136 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # J07750

1. Entity Name

RICHARD L. ROGERS, P.A.



Principal Place of Business 1135 SOUTH WASHINGTON AVE TITUSVILLE FL 32780

Mailing Address 1135 SOUTH WASHINGTON AVE TITUSVILLE FL 32780

2. Principal Place of Business				3. Mailing Address			7				
Suite, Ap	ot. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2665897 Applied For				
Zip Country		Country	Zip C		Country	ountry		5. Certificate of Status Desired		Not Applicable \$8.75 Additional	
	6. Name	and Address of Curre	nt Registered	i Agent				Jama and Autonomous Ass.		Fee Req	uired
					N.	ame		lame and Address of New Re	gistere	Agent -	<u> </u>
ROGERS, RICHARD L.											
1135 SOUTH WASHINGTON AVE				Street Address			(P.O. Box Number is Not Acceptable)				
	LE FL 32780					•			-		
					Cit	,			FI	Zip C	
8.7 The abov the obliga	e named entity ations of registe	submits this statement ered agent.	for the purpo	se of changing it	ts registered off	ice or registe	ered age	ent, or both, in the State of Flor	ida. I am	n familiar wi	th, and accept
SIGNATURE	Signature typed o	r printed name of registered age					.				
			птаналие паррію	able. (NO	OTE: Registered Agent	signature require	id when rei	nstating)	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department	of State					9. Election Campaign Fina Trust Fund Contribution.	ncing		.00 May Be led to Fees
10.		OFFICERS AN	D DIRECTOR:		11.			DITIONS/CHANGES TO OFFIC		5 BIDEO -	
TITLE NAME STREET ADDRESS	PD ROGERS, R 4088 WOOL			☐ Delete	TITLE NAME STREET ADDR	RESS	ADI	STIONS/CHANGES TO OFFIC	ENS AN	□ Chang	
CITY-ST-ZIP	MIMS FL				CITY-ST-ZIP	.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR	ESS				☐ Change	Addition
TITLE											
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS				Change	☐ Addition
TITLE				☐ Delete	TITLE				·	☐ 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 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:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

■ Addition