## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # J94622 1. Entity Name SOUTHERN ROAD BUILDERS OF POLK COUNTY, INC. Principal Place of Business Mailing Address 2840 SECURITY LANE LAKELAND FL 33803

## FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90172 004 \*\*\*158.75

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2840 SECURITY LAKELAND FL US		2840 SECURITY LANE LAKELAND FL 33803 US					<b>61</b>	2600	<b>)</b>	
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2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State	City & State			El Number 65-00	05286		oplied For ot Applicable	
Zip	Country Zip			try	5. (	Certificate of Status Des	sired 🗹	\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent			7. 1	Name and Address of	New Registered	Agent		
				Name						
ROGGEN, KEVIN R. 2840 SECURITY LANE LAKELAND FL 33803				Street Address (P.O. Box Number is Not Acceptable)						
LAN	LEAND I E 33003						Fi	Zip Cod	e	
				City			FL	•   <sup></sup>		
SIGNATURE .	named entity submits this statement Signature, typed or printed name of registered agei	al and title if applicable. (NOT	E: Registere	d Agent signature re			DATE			
Tax filing r	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campa Trust Fund Conf	· -	\$5.0 □ Added	May Be to Fees	
11.	OFFICERS ANI	DIRECTORS	12.		AD	DITIONS/CHANGES T	O OFFICERS AND	DIRECTOR	S IN 11	
TITLE	P	☐ Delete TITL						☐ Change	☐ Addition	
NAME	ROGGEN, KEVIN R.		NAM	É						
STREET ADDRESS	2840 SECURITY LANE		STRE	ET ADDRESS						
CITY-ST-ZIP	LAKELAND FL			-ST-ZIP						
TITLE	ST	☐ Delete	TITLE					☐ Change	Addition	
NAME	ROGGEN, DEBRA C.	***************************************	NAM	E				_ •		
STREET ADDRESS	2840 SECURIOTY LANE		STRE	ET ADDRESS						
CITY-ST-ZIP	LAKELAND FL		CITY	-ST-ZIP						
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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, withyall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

863-665-2400

Daytime Phone #