

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90055 002 \*\*\*150.00

**DOCUMENT # K42219**

1. Entity Name

**BOOKKEEPING, INCORPORATED**

Principal Place of Business

% DIANE ROGERS  
 17450 104TH TERRACE NORTH  
 JUPITER FL 33478

Mailing Address

% DIANE ROGERS  
 17450 104TH TERRACE NORTH  
 JUPITER FL 33478

2. Principal Place of Business

2210 NW 20<sup>th</sup> TRAIL  
 Suite, Apt. #, etc.

3. Mailing Address

2210 NW 20<sup>th</sup> TRAIL  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0082630

Applied For

Not Applicable

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROGERS, DIANE  
 17450 104TH TERR. NORTH  
 JUPITER FL 33478

Name

Diane Rogers  
 4332 SW 16<sup>th</sup> St.

City

Okeechobee

FL

Zip Code

34974

7. Name and Address of New Registered Agent

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

*Diane Rogers*

DIANE ROGERS

4/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, DIANE	
STREET ADDRESS	17450 104TH TERR. NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4332 SW 16 <sup>th</sup> St.	
STREET ADDRESS	Okeechobee, FL	
CITY-ST-ZIP	34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Diane Rogers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/02 (863) 824-0225

Daytime Phone #

CR2E034 (9/01)