

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90443 046 ***150.00

DOCUMENT # L90842 1. Entity Name RODGER'S MOBILE GLASS WORKS, INC.			
Principal Place of Business 1406 SE 28TH TERRACE CAPE CORAL FL 33904-3917		Mailing Address 1406 SE 28TH TERRACE CAPE CORAL FL 33904-3917	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1406 SE 28TH TERR Suite, Apt. #, etc.	
City & State CAPE CORAL		City & State FL	
Zip 33904	Country LEE	Zip	Country
6. Name and Address of Current Registered Agent HARRISON, SIMON M. 1406 SE 28TH TERR. CAPE CORAL FL 33914		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE D	NAME MOSS, RODGER	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS 1406 SE 28TH TERR.	CITY-ST-ZIP CAPE CORAL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MOSS, JOAN A.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1406 SE 28TH TERR	CITY-ST-ZIP CAPE CORAL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		4-25-01 941-334-3371	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)