

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90072 034 ***150.00

DOCUMENT # M66927

1. Entity Name
PAT ROGERS MASONRY, INC.

Principal Place of Business

Mailing Address

% PATRICK R. ROGERS
 1125 OAKS BLVD.
 NAPLES FL 34119

% PATRICK R. ROGERS
 1125 OAKS BLVD.
 NAPLES FL 34119

528918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2041 EVERGLADES BLVD

2041 EVERGLADES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(941)

352-8397

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number **65-0037851**

Applied For

Not Applicable

Zip

34117

Country

Collier

Zip

34117

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, PATRICK R.
10946 W HWY 326
OCALA FL 34482

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
 NAME **ROGERS, PATRICK R.**
 STREET ADDRESS **10946 W HWY 326**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **VICE-PRES + DIRECTOR**
 NAME **SAM ROGERS**
 STREET ADDRESS **2041 EVERGLADES BLVD**
 CITY-ST-ZIP **NAPLES FL 34117**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-21-01

CR2E034 (10/00)