

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 037 ***150.00

DOCUMENT # **M66927**

1. Entity Name

PAT ROGERS MASONRY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2041 EVERGLADES BLVD S.

3. Mailing Address

2041 EVERGLADES BLVD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number

65-0037851

Applied For

Not Applicable

Zip **34117**

Country

Zip **34117**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WANDERON THOMAS

Street Address (P.O. Box Number is Not Acceptable)

868 106TH AVENUE N.

City

NAPLES

FL

Zip Code

34108

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.

THOMAS WANDERON

(NOTE: Registered Agent signature required when reinstating)

04/26/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ROGERS, SAM 2041 EVERGLADES BLVD. S. NAPLES, FL 34117
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM ROGERS x 4-2902 (941) 332-8397

Date

Daytime Phone #