


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 25 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>M66927</b>	
1. Entity Name <b>PAT ROGERS MASONRY, INC.</b>	

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2041 EVERGLADES BLVD SO.</b>		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State	
Zip <b>34117</b>	Country <b>USA</b>	Zip <b>34117</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0037851</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
7. Name and Address of Current Registered Agent		
Name <b>THOMAS WANDERON</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>808 106TH AVE. NO.</b>		
City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34108</b>

DO NOT WRITE  
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P.O. SAM ROGERS 2041 EVERGLADES BL. S. NAPLES FL 34117</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100013090781 02/25/03--01047--003 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. PATRICK ROGERS 10946 N.W. HWY 326 OSALA FL 34482</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **x [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**x 2-24-03 x 352-8397**  
Date Date of Filing

CR2E034B (12/02)