

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 037 ***150.00

DOCUMENT # P00000023992

1. Entity Name

R.O.G. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1720 TANGLED VINE

3. Mailing Address

929 WESTWINDS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL

City & State

TARPON SPRINGS

Zip

33543

Country

FL

Zip

34689

Country

FL

4. FEI Number

593666098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ZELLER, CHRISTIAN

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

929 WESTWINDS BLVD.

City

TARPON SPRINGS

FL

Zip Code

34689

**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.

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) ☐

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	<u>D</u> <u>DIRDA, FRANTISEK</u> <u>1720 TANGLED VINE</u> <u>WESLEY CHAPEL, FL 33543</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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: FRANTISEK DIRDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02

Date

011 420 604 213921

Daytime Phone #