2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P0000028580 ROGERS PLUMBING COMPANY 02-27-2001 90312 035 ***150.00 Principal Place of Business Mailing Address 2328 EAST JOHNSON AVE. 2328 EAST JOHNSON AVE. PENSACOLA FL 32514 PENSACOLA FL 32514 940400 3. Mailing Address 2. Principal Place of Business P.O. BOX 11412 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3654611 PENSACOLA Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 32524 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMES R. ROGERS ROGERS, HAROLD Street Address (P.O. Box Number is Not Acceptable) 2328 EAST JOHNSON AVE. PENSACOLA FL 32514 2328 E. JOHNSON AVE City PENSACOLA 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Janse Re Rose JAMES R. ROGERS 1-15-2001 (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DIRECTOR PRESIDENT ☐ Change Addition Delete TITLE TITI E ROGERS, HAROLD C JAMES R. ROGERS NAME MAME 1502 ZENDA ST PENSACOLA, FL 32514 4141 PACE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PACE FL 32571** CITY-ST-7IP Delete SECRETARY-TREASURY / DIRECTOR TITLE TITLE ROGERS, JAMES H ROXANNE ROGERS NAME NAME 1502 ZENDA ST. STREET ADDRESS 1502 ZANDA ST STREET ADDRESS PENSACOLA, FL 32514 PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

anse R. Rogers

PRESIDENT DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED