2001 UNIFORM BUSINESS REPORT (JBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000064351 ROGERO FARMS, INC. 05-07-2001 90035 048 ***150.00 Principal Place of Business Mailing Address 505 COUNTY ROAD 13A SOUTH 505 COUNTY ROAD 13A SOUTH ELKTON FL 32033 ELKTON FL 32033 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3664353 Not Applicable \$8.75 Additional Zip Country Countr Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERO, DONALD reet Address (P.O. Box Number is Not Acceptable) 505 COUNTY ROAD 13A SOUTH ELKTON FL 32033 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ant signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE 13\$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Depirtment of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) resident Change TITLE Delete TITLE DONALD ROGERD NAME NAME STREET ADDRESS STREET ADDRESS 505 Count CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: X Donald (Noges

4/17/01 (904) 834-2032