

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000111450

1. Entity Name

ROGER DODGER CONSTRUCTION, INC.

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

05-15-2002 90087 031 \*\*\*150.00

Principal Place of Business Mailing Address  
390 W PALMETTO PARK ROAD #A-504 390 W PALMETTO PARK ROAD #A-504  
BOCA RATON FL 33432 BOCA RATON FL 33432

2. Principal Place of Business 3167 STEWART RD  
Suite Apt. #, etc.

3. Mailing Address 3167 STEWART RD  
Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIDDLE TORCH KEY, FL  
Zip 33042 Country USA

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Zip 33042 Country USA

4. FEI Number 65-1058229  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MANDELLI, ROGERIO LUIZ  
390 W PALMETTO PARK ROAD #A-504  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent  
Name TAX HOUSE CORPORATION  
Street Address (P.O. Box Number is Not Acceptable) 3929 N FEDERAL HWY.  
City POMPAÑO BEACH FL Zip Code 33064

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  BRENO GOMES - President 05/01/02  
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. ☐ **FILE NOW! FEE IS \$150.00**  
After MAY 1, 2002 Fee will be \$550.00  
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				12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANDELLI, ROGERIO LUIZ			NAME	MANDELLI, ROGERIO LUIZ		
STREET ADDRESS	390 W PALMETTO PARK ROAD #A-504			STREET ADDRESS	3167 STEWART RD		
CITY-ST-ZIP	BOCA RATON FL 33432			CITY-ST-ZIP	MIDDLE TORCH KEY FL 33042		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  05/01/02 305 216-4654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #