

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90099 020 ***150.00

DOCUMENT # P00000111450

1. Entity Name
ROGER DODGER CONSTRUCTION, INC.



Principal Place of Business
**3167 STEWART RD
MIDDLE TORCH KEY FL 33042**

Mailing Address
**3167 STEWART RD
MIDDLE TORCH KEY FL 33042**



2. Principal Place of Business
29369 CYPRESS DR.
Suite, Apt. #, etc.

3. Mailing Address
29369 CYPRESS DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BIG PINE KEY - FL
Zip
33043
Country
USA

City & State
BIG PINE KEY - FL
Zip
33043
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

7. Name and Address of New Registered Agent

**TAX HOUSE CORPORATION
3829 N FEDERAL HWY
POMPANO BEACH FL 33064**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANDELLI, ROGERIO LUIZ 3167 STEWART RD MIDDLE TORCH KEY FL 33042 | <input checked="" type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANDELLI, ROGERIO LUIZ 29369 CYPRESS DR. BIG PINE KEY - FL 33043 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROGERIO LUIZ MANDELLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03 305-216-4654
Date Daytime Phone #

CR2E034 (10/02)