

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 033 ***150.00

DOCUMENT # P01000103139

1. Entity Name
ANITA ROGERS LAND CORP.

Principal Place of Business

**5345 ORTEGA BLVD., STE. 3
 JACKSONVILLE FL 32210**

Mailing Address

**5345 ORTEGA BLVD., STE. 3
 JACKSONVILLE FL 32210**

80128818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8825 Perimeter Park Blvd

3. Mailing Address

8825 Perimeter Park Blvd

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3153000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, ANITA S
 204 EDGE OF WOODS RD.
 ST. AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

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

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **PSTD** ☐ Delete
 NAME **ROGERS, ANITA S**
 STREET ADDRESS **204 EDGE OF WOODS RD.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Anita Rogers** **ANITA ROGERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2002 904-993-2277

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#P0100003/39

Anita Rogers Land Corp.
8825 Perimeter Park Blvd Ste #301
Jacksonville, FL 32216-1112

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32303

Dear Sir or Madam:

Please find enclosed our check for \$150.00 together with a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual report and were unable to file on a timely basis through no fault of our own.

Please change your records to reflect the new and correct address as listed above and use this address for all future correspondence.

Sincerely,

A handwritten signature in cursive script that reads "Anita Rogers".

Anita Rogers
Registered Agent and President