

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90106 023 ***158.75

DOCUMENT # P01000116566

1. Entity Name
RODGERS CERAMIC TILE SERVICE, INC.



Principal Place of Business
4436 MAURBACH TERRACE
NORTH PORT FL 34286

Mailing Address
4436 MAURBACH TERRACE
NORTH PORT FL 34286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1158505

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

WANDA A. RODGERS

Street Address (P.O. Box Number is Not Accepted)

4436 MAURBACH TERRACE

North Port, FL 34286

City

FL

Zip

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 Wanda A. Rodgers
Signature, typed or printed name of registered agent and title if applicable.

5 Y 10
(NOTE: Registered Agent signature required when reinstating)

3-26-03
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

TITLE NAME	PTD RODGERS, MICHAEL J	<input type="checkbox"/> Delete
STREET ADDRESS	8110 NORTH TAMiami TRAIL UNIT 229	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE NAME	SVD RODGERS, WANDA A	<input type="checkbox"/> Delete
STREET ADDRESS	8110 NORTH TAMiami TRAIL UNIT 229	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4436 MAURBACH TERRACE	
CITY-ST-ZIP	North Port, FL 34286	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4436 MAURBACH TERRACE	
CITY-ST-ZIP	North Port, FL 34286	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Wanda A. Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03
Date

941-423-9821
Daytime Phone #

CR2E034 (10/02)