2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000102979

1. Entity Name ROGDON, INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90114 035 ***150.00

Principal Place 201 CHALLENC SEBRING FL 3	ger dr	S	201 (ng Address Challenger Dr RING FL 33870										
2. Principal Pl	lace of Busin	ess	3. Ma	3. Mailing Address							HEU DEITE HE			
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	ė		City	City & State				4. FEI Number 02-0652184			Applied For Not Applicable			
Zip -	ip Country		Zip	Zip		Country		5. Certificate of Status Desired				\$8.75 Additional		
	6. Name	and Address of Current	Register	ed Agent				7. N	Name and Address	of New Registe	red Agent			
- HOKOON	ANDDEW	D ECOLUDE				Name			•					
JACKSON, ANDREW B ESQUIRE				Street Add			ddress (F	ress (P.O. Box Number is Not Acceptable)						
150 N COMMERCE AVE				<u></u>			<u> </u>							
SEBRING I	FL 33870	•												
		'. 				City			· · · · · · · · · · · · · · · · · · ·		┖┺╶	Code		
	named entity ions of regist	v submits this statement for ered agent.	or the purp	oose of changing its	register	ed office or	registere	ed age	ent, or both, in the S	itate of Florida.	am familiar	with,	and accept	
SIGNATURE _	Signature typed	or printed name of registered agent	and title if any	plicable (NOTI	T. Danistava									
		•	ano ille ii api	plicable. (NOT	negistere	d Agent signat	ure required	when re	ninstating)	. D	ATE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State	State				ľ	9. Election Can Trust Fund C	npaign Financing entribution.			0 May Be to Fees	
10.	OFFICERS AND DIRECTORS				11.				DITIONS/CHANGE	S TO OFFICERS	AND DIREC	CTORS	3 IN 11	
TITLE				☐ Delete	TITLE		P/[>	,		☐ Ch	ange	Addition	
NAME OTREET LIBRARIOS					NAM		ROG	2ER	E. SMITH	· • · ·				
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CITY-ST-ZIP						·ST-ZIP	135	2 C	L. SMITH LORAL RIDE NG IFL 3	2070				
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NAME OTDEET ADDRESS		j			NAME									
STREET ADDRESS CITY-ST-ZIP						T AODRESS ST-ZIP						-		
12. I hereby ce	on this report	information supplied with or supplemental report is e receiver or trustee empo chiment with an address.	true and	accurate and that m	the exer	nption stat ure shall ha	ave the sa	ame le	egal effect as if mad	le under oath: th:	atlam an o	fficer (ar director	

SIGNATURE: