

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03729

1. Entity Name

RODGER ROBERTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90079 048 ***150.00

Principal Place of Business

2335 US 62 RT. 2
WINCHESTER OH 45697

Mailing Address

2335 US 62 RT. 2
WINCHESTER OH 45697-9696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0881559

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, RODGER
6801 TECH CT.
FT. MYERS FL 33905

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.

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 \$150.00
After MAY 1, 2000 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 | PTD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, RODGER | |
| STREET ADDRESS | 2335 US 62 | |
| CITY-ST-ZIP | WINCHESTER OH | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, PHYLLIS | |
| STREET ADDRESS | 2335 US 62 | |
| CITY-ST-ZIP | WINCHESTER OH | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERTS, TIMOTHY | |
| STREET ADDRESS | 2078 US62 | |
| CITY-ST-ZIP | WINCHESTER OH | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | YOCHUM, KEVIN | |
| STREET ADDRESS | 6261 BUCKINHAM ROAD | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: *Phyllis Roberts* - Phyllis Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-00 937-927-5238

Date

Daytime Phone #

CR2E034 (9/99)