2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019565

1. Entity Name

ROGERS P & L ENTERPRISES, INC.

Amended

FILED

00 JUL 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/12/00 90000 CR2E034 61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
31560 US HWY 19 NO PALM HARBOR FL 34684 US	31560 US HWY PALM HARBOR FL 34684 US

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 59-3171145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, LINDA A
31560 US 19 N
~~SUITE 8~~ NO SUITE 8 IN ADDRESS
PALM HARBOR FL 34684

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.

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, PHILIP 1754 ARABIAN LANE PALM HARBOR FL 34685	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, LINDA 1754 ARABIAN LANE PALM HARBOR FL 34685	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Walter T. Anderson 5417 Leeward Ln New Port Richey, FL 34652	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Campbell 423 Westwinds Drive Palm Harbor, FL 34683	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bradshaw Grandy 1490 Mahogany Ln Palm Harbor, FL 34683	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Hupp 104Klosterman Rd Palm Harbor, FL 34683	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Joseph Rocheleau 1424 Seagull Dr#201 Palm Harbor, FL 34685	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Walter Sieg 275 County Rd 94 Palm Harbor, FL 34684	☐ Change XX ☐ Addition

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: X Linda A. Rogers 1-24-00 (727)785-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/98)

7/18