

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90019 022 ***150.00

DOCUMENT # P93000019565

1. Entity Name
ROGERS P & L ENTERPRISES, INC.

Principal Place of Business

31560 US HWY 19 NO
PALM HARBOR FL 34684
US

Mailing Address

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

7. Name and Address of New Registered Agent

ROGERS, LINDA A
31560 US 19 N
SUITE 8
PALM HARBOR FL 34684

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, 2002 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 **D** ☐ Delete
NAME **ROGERS, PHILIP**
STREET ADDRESS **1754 ARABIAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

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

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

TITLE **VP** ☐ Delete
NAME **ANDERSON, WALTER T**
STREET ADDRESS **5417 LEEWARD LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **VP** ☒ Delete
NAME **CAMPBELL, ROBERT**
STREET ADDRESS **423 WESTWINDS DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **VP** ☐ Delete
NAME **COHEN, ALAN H**
STREET ADDRESS **1986 GOLF VIEW DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **VP** ☐ Delete
NAME **HUPP, ROBERT**
STREET ADDRESS **104 KLOSTERMAN RD.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ 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:

Linda A. Rogers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 (727) 785-9400

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

Doc# PA3000019565
127029

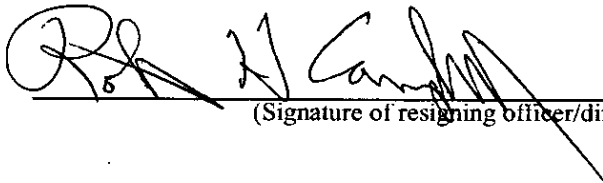
OFFICER / DIRECTOR RESIGNATION

I, Robert Campbell, hereby resign as Vice President
(Title)

of Rogers P & L Enterprises, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DBPR RE-2050-1 - Request for Change of Status
REV 11/01

Florida's Future...
**Right Here
Right Now.**

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

Attachment
DOB# P93008819565
727029

CHECK ACTION REQUESTED

Transaction Type:

- ☐ Become Active - no charge
- ☐ Become Inactive (Brokers only) - no charge
- ☐ Add/Delete Trade Name - no charge
- ☐ Become Sole Proprietor - no charge
- ☐ Change Broker/Owner Employer - no charge
- ☒ Terminate Employee - no charge
- ☐ Add/Delete PA - \$30.00 fee required
- ☐ Request for Multiple License - \$95.00

SALESPERSON INFORMATION

License Number

BK 0199611

Applicant Name

Robert H Campbell

BROKER OR CORPORATION INFORMATION

Broker License Number

CQ1000628

Corporation/Partnership License Number

Broker or Corporation Name

Realty Executives

Trade Name (if applicable)

Are you now or with the issuance of this license an officer or director of any corporation or partnership which acts as a broker? Yes ☐ No ☐

If yes, please list name of entity

ATTEST STATEMENT

REQUIRES SIGNATURE OF EMPLOYING BROKER

(EXCEPT FOR ADD/DELETE PA - WHICH MAY BE SIGNED BY THE LICENSEE)

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Sign Here:

Linda A. Rogers

Date:

1-8-02

Attachment

Doc# P93088819565
727029

423 Westwinds Dr.
Palm Harbor, FL 34683
December 31, 2001

Mrs. Linda Rogers
P&L Enterprises DBA Realty Executives Suncoast
31560 U.S. Highway 19 North
Palm Harbor, FL 34684

Dear Linda:

After eight years with the company I have found it necessary to resign as vice president and leave Realty Executives Suncoast December 31, 2001. I have enjoyed working with you folks.

Thanks,



Robert Campbell