

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90053 016 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000067907																																			
1. Entity Name RODGER'S PUMP & SPRINKLER REPAIR SERVICE INC.																																			
Principal Place of Business 2 ZODIAC PL PALM COAST FL 32164		Mailing Address 2 ZODIAC PL PALM COAST FL 32164																																	
2. Principal Place of Business		3. Mailing Address																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																	
CALHOUN, ROGER 2 ZODIAC PL PALM COAST FL 32164		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00. May Be Added to Fees		11. OFFICERS AND DIRECTORS																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:70%;"> P CALHOUN, ROGER 2 ZODIAC PL PALM COAST FL 32164 <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALHOUN, ROGER 2 ZODIAC PL PALM COAST FL 32164 <input type="checkbox"/> Delete															12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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.																																			

CR2E034 (9/01)

SIGNATURE: *[Signature]* **1-14-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #