## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P95000068733 1. Entity Name 02-19-2002 90015 015 \*\*\*150.00 ROY ROGERS MARINE DESIGN, INC. Principal Place of Business Mailing Address 190 COUNTY ROAD 296 190 COUNTY ROAD 296 CULLMAN AL 35057 CULLMAN AL 35057 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3347328 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 48 PINEAPPLE AVE 5360 BENEVA WOODS RD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL. 34270 SENEVA Woods SARASOTA EL 34236 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME ROGERS, ROY A NAME STREET ADDRESS 190 COUNTY ROAD 296 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CULLMAN AL 35057** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME ROGERS, GWENELL M STREET ADDRESS STREET ADDRESS 190 COUNTY ROAD 296 CITY-ST-ZIP CULLMAN AL 35057 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE OF TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 256.739.863

FILED