

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 033 ***150.00

DOCUMENT # **P96000069032**

1. Entity Name

J.B. ROGERS CITRUS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

184 HUNTLEY OAKS BLVD

Suite, Apt. #, etc.

3. Mailing Address

184 HUNTLEY OAKS BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

65-0689714

Applied For

Not Applicable

Zip
33852

Country
USA

Zip
33852

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AMBERLEE ROGERS

Street Address (P.O. Box Number is Not Acceptable)

184 HUNTLEY OAKS BLVD.

City

LAKE PLACID

FL

Zip Code
33852

**DO NOT WRITE
IN THIS SPACE**

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

Amberlee Rogers

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PD
JASON B. ROGERS
184 HUNTLEY OAKS BLVD.
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
AMBERLEE ROGERS
184 HUNTLEY OAKS BLVD.
LAKE PLACID, FL 33852**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Amberlee Rogers

SECRETARY/TREAS

04/30/02

863-699-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #