

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084362

1. Entity Name

RODGERS & ASSOCIATES, INC.

f

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 036 ***150.00

Principal Place of Business

6245 SOUTH EAST IRONWOOD CIRCLE
STUART FL 34997

Mailing Address

6245 SOUTH EAST IRONWOOD CIRCLE
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0699247

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODGERS, GERTRUDE
6245 SE IRONWOOD CIRCLE
STUART FL 34997

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME RODGERS, GERTRUDE
STREET ADDRESS 6245 SOUTH EAST IRONWOOD CIRCLE
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Gertrude Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

(561) 223-7263
Daytime Phone #

CR2E034 (5/00)

Attachment
D# P9600084362
DOJ 7/7/15

memo from the desk of...

GERTRUDE L. RODGERS

To Whom It May Concern,

Per our telephone conversation today, enclosed is a check for the \$150.00 fee. This was the only notice I have received, somehow, I did not receive the first request.

I appreciate your understanding in this matter.

Thank you
Gertrude L. Rodgers