

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Amended  
FILED

02 NOV 14 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **p96000101484**

1. Entity Name

**ROGER'S TV, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**960 S. MCCALL ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**960 S. MCCALL ROAD**

Suite, Apt. #, etc.

City & State

**Englewood FL**

City & State

**Englewood FL**

Zip **34223**

Country

**USA**

Zip **34223**

Country

**USA**

4. FEI Number

**650718753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Roger Mashke**

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

**960 S MCCALL ROAD**

City

**Englewood**

**FL**

Zip Code

**34223**

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) ☐

**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 **C Roger Mashke**  
STREET ADDRESS **172 Bunker Road**  
CITY - ST - ZIP **Rotonda West FL 33947**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME **S Jane Declercq**  
STREET ADDRESS **5005 Lacey Street**  
CITY - ST - ZIP **North Port FL 34286**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME **✓ Steven Mashke**  
STREET ADDRESS **6015 Catalan Street**  
CITY - ST - ZIP **Englewood, FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jane Declercq**

Date

Daytime Phone #

**11/8/02**

**941-474-2537**

CR2E034B (12/01)