

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90125 013 ***150.00

DOCUMENT # P97000005108

1. Entity Name
ROGAN, ROSENBERG & ASSOCIATES, INC.



Principal Place of Business
**670 2ND STREET NORTH
STE A
SAFETY HARBOR FL 34695
US**

Mailing Address
**670 2ND STREET NORTH
STE A
SAFETY HARBOR FL 34695
US**



2. Principal Place of Business

**200 9th Ave. No.
Suite, Apt. #, etc.
#150**

3. Mailing Address

**200 9th Ave. No.
Suite, Apt. #, etc.
#150**

City & State
**Safety Harbor FL
Zip
34695**

Country
USA

City & State
**Safety Harbor FL
Zip
34695**

Country
USA

4. FEI Number **65-0718838**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAGAN, EDWIN B
2709 ROCKY POINT DRIVE
SUITE 102
TAMPA FL 33607**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROGAN, MICHAEL G**
STREET ADDRESS **3116 OYSTER BAYOU WAY**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **EVPS** ☐ Delete
NAME **ROSENBERG, ALAN L**
STREET ADDRESS **245 4TH STREET NORTH**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Rogan

1/31/03

(727) 712-3400

Date

Daytime Phone #

CR2E034 (10/02)