

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90573 003 \*\*\*150.00

0326485 AV

**DOCUMENT # P97000049656**

1. Entity Name

**RIC ROGERS ENTERPRISES, INC.**

Principal Place of Business

**5340 SW 6 STREET  
 PLANTATION FL 33317**

Mailing Address

**5340 SW 6 STREET  
 PLANTATION FL 33317**

2. Principal Place of Business

**2061 S.W. 70 AVE.**

3. Mailing Address

**2061 S.W. 70 AVE**

Suite, Apt. #, etc.

**BLDG. F - SUITE 12413**

Suite, Apt. #, etc.

**BLDG F - SUITE 12413**

City & State

**DAVIE, FL**

City & State

**DAVIE, FL**

Zip

**33317-7328**

Country

**BROWARD**

Zip

**33317-7328**

Country

**BROWARD**

6. Name and Address of Current Registered Agent

**MARCUS, NORMAN  
 5340 SW 6 STREET  
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **LAWRENCE D. ZIETZ, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8181 W. BROWARD BLVD**  
**SUITE 201**  
 City **PLANTATION** FL Zip Code **33317**

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]*

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 \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, RICHARD A 5340 SW 6 STREET PLANTATION FL 33317</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROGERS, RICHARD A 2061 S.W. 70 AVE, BF 50-13 DAVIE, FL 33317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRESIDENT ROGERS, SCOTT R. 2061 S.W. 70 AVE BF 50-13 DAVIE, FL 33317</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. TREAS ROGERS, PRISCILLA 2061 S.W. 70 AVE BF 50-13 DAVIE, FL 33317</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-02 954-723-0335**  
 Date Daytime Phone #

CR2E034 (9/01)