2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000053758**

JAMES C. ROGERS, INC.

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Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				
		Suite, Apt. #, et	Suite, Apt. #, etc.			
City & State		City & State				
Zip	Country	Zip	Country			
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FILED Apr 27, 2000 8:00 am Secretary of State 04-27-2000 90008 037 ***150.00

Principal Place of Business		Mailing Address			}						
M1 N.W. 74TH TERRACE KEECHOBEE FL 34972		3041 N.W. 74TH TERRACE OKEECHOBEE FL 34972-8816				OOGIOOTA					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		4.	4. FEI Number 65-0768142		<u> </u>	Applied For Not Applicable		
Zip	,	Country	Zip Country		5.	. Certificate of Status Des	ired 🔲	\$8.75 Ad	8.75 Additional		
,	6. Name	and Address of Current I	Registered Agent			7.	Name and Address of I	lew Registered	Agent		
		<u> </u>			Name						
ROGERS, JAMES C 3041 N.W. 74TH TERRACE			Street Add	dress (P.O. Box Number is Not Acceptable)							
	CHOBEE F										
				City			Fl	Zip Cod	de		
. The above r	named entity	y submits this statement for	the purpose of changing its	register	ed office or re	egistered a	agent, or both, in the State	of Florida.			
		2.1						11/	-/-		
SIGNATURE 🛂	lon	me Co. Vic	29					7//	7/00		
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registere	id Agent signature	required wher	n 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, 2000 Fee will be \$550.00 Make Check Payable to Department of St.		0.00	10. Election Campai Trust Fund Contr		\$ 5.0	00 May Be d to Fees			
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3 Thereby ce	errity that the	e intormation supplied with	this filing does not qualify for	the exe	motion stated	i in Sectio	n 119.07(3xn). Florida Stat	utes. I fürther ce	eruty inal ine	mormation	

refless compared in a morniation supplied with this mining does not quality for the exemption stated in Section 119.07(a)(i), Fronce 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 eath; 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.

Daytime Phone #