

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90080 001 \*\*\*150.00  
 04-29-2000 90080 002 \*\*\*\*\*8.75

10952



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000013778**

1. Entity Name  
**R.M. ROGERS & ASSOCIATES, INC.**

Principal Place of Business <b>541 S STATE RD 7                  STE 1                  MARGATE FL 33068</b>	Mailing Address <b>541 S STATE RD 7                  STE 1                  MARGATE FL 33068-1711</b>
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2. Principal Place of Business <b>8061 W. McNab Road                  Tamarac, FL 33321</b>	3. Mailing Address <b>8061 W. McNab Road                  Tamarac, FL 33321</b>
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4. FEI Number <b>65-0807852</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>ROGERS, ROBERT M                  2930 NE 19 STREET                  POMPANO BEACH FL 33062</b>	7. Name and Address of New Registered Agent Name <b>Robert M. ROGERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2201 SA OCEAN DRIVE</b> <b>Suite 2008</b> City <b>Hollywood, FL</b> Zip Code <b>33019</b>
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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 DATE **4-20-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, ROBERT M 2930 NE 19 STREET POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: **4-20-2000** (954) **929-0224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)