2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ORFIC

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FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000021368** RODGO CONSTRUCTION INCORPORATED 04-25-2001 90015 016 ***150.00 Principal Place of Business Mailing Address 6302 61ST DR. EAST 6302 61 ST DR. EAST PALMETTO FL 33421 PALMETTO FL 33421 2. Principal Place of Business 3. Mailing Address 3900 mulholland Rd 3900 mulholland Rd DO NOT WRITE IN THIS SPACE ARRISH City & State 4. FEI Number Applied For 65-0819756 Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAWLS, DUANE S Street Address (P.O. Box Number is Not Acceptable) 13900 MULHOLLAND RD. PARRISH FL 34219 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE ☐ Addition RODRIGUEZ, BENJAMIN M NAME NAME 13900 mulholland Rd 6302 61ST DR. EAST STREET ADDRESS STREET ADDRESS PARRISH IFI 34219 CITY-ST-ZIP PALMETTO FL 33421 CITY-ST-ZIP Delete TITLE TITLE Addition 13900 mulholland Rd RODRIGUEZ, PENNY C NAME NAME 6302 61ST DR. EAST STREET ADDRESS STREET ADDRESS PARRISH IFT 34219 CITY-ST-ZIP PALMETTO FL 33421 CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 proporation 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