

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90010 004 \*\*\*150.00

**DOCUMENT # P98000027770**

1. Entity Name  
**DAVID C. ROGERS ASSOCIATES, INC.**

Principal Place of Business  
**3240 GULF OF MEXICO DRIVE #B103  
 LONGBOAT KEY FL 34228**

Mailing Address  
**3240 GULF OF MEXICO DRIVE #103  
 LONGBOAT KEY FL 34228**

00007447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5569 SHADOW LAWN DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5569 SHADOW LAWN DRIVE**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA**

City & State  
**SARASOTA**

4. FEI Number **65-0823854**

Applied For  
 Not Applicable

Zip **34242** Country **USA**

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

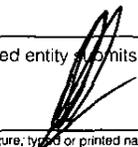
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FULLER, WILLIAM J III  
 1530 CROSS STREET  
 SARASOTA FL 34236**

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.

SIGNATURE  DATE **03/20/01**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, DAVID COLIN</b>	
STREET ADDRESS	<b>3240 GULF OF MEXICO DRIVE #103</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 33-4228</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)