

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90111 047 ***150.00

DOCUMENT # P98000073460

1. Entity Name
CURTIS D. ROGERS, C.P.A., P.A.

Principal Place of Business
**163 SEAVIEW ST.
 MELBOURNE BEACH FL 32951**

Mailing Address
**163 SEAVIEW ST.
 MELBOURNE BEACH FL 32951**

2. Principal Place of Business
223 LOGGERHEAD DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
223 LOGGERHEAD DRIVE
 Suite, Apt. #, etc.

City & State
MELBOURNE BEACH FL
 Zip
32951

City & State
MELBOURNE BEACH FL
 Zip
32951

4. FEI Number **59-3530728** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, CURTIS D.
 163 SEAVIEW ST.
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name **ROGERS, CURTIS D**
 Street Address (P.O. Box Number is Not Acceptable):
223 LOGGERHEAD DRIVE
 City **MELBOURNE BEACH FL** Zip Code **32951**

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 *Curtis D. Rogers* **CURTIS D. ROGERS** **2/11/2002**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROGERS, CURTIS D 163 SEAVIEW ST. MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROGERS, CURTIS D 223 LOGGERHEAD DRIVE MELBOURNE BEACH FL 32951 <input checked="" 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: *Curtis D. Rogers* **CURTIS D. ROGERS** **2/11/2002** **321-723-5707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)