

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90334 010 ***150.00

0296984

DOCUMENT # P99000022029

1. Entity Name

JEFF ROGERS INSPECTIONS SERVICES, INC.

Principal Place of Business

22913 SANDALFOOT BLVD
 BOCA RATON FL 33428

Mailing Address

22913 SANDALFOOT BLVD
 BOCA RATON FL 33428

2. Principal Place of Business

6010 Woodland Pt Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMARAC FLA.

City & State

4. FEI Number

65-0924501

Applied For

Not Applicable

Zip

33319-6269

Country

USA

Zip

Country

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

BATES, DOUGLAS L

**8211 W BROWARD BLVD, SUITE 230
 PLANTATION FL 33324**

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

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 **PD** ☐ Delete
 NAME **ROGERS, JEFF**
 STREET ADDRESS **22913 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **STD** ☐ Delete
 NAME **ROGERS, CATHERINE**
 STREET ADDRESS **22913 SANDALFOOT BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE *U/D FRANK ANTINELLI* ☐ Delete
 NAME *6010 WOODLAND PT DR*
 STREET ADDRESS *TAMARAC, FLA. 33319-6269*
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)