

2000 UNIFORM BUSINESS REPORT (UBR)

2/11

DOCUMENT # P99000071746

1. Entity Name
ROGE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-10-2000 90040 016 ***150.00

Principal Place of Business
P. O. BOX 15669
BROOKSVILLE FL 34609

Mailing Address
P. O. BOX 15669
BROOKSVILLE FL 34609-0122

2. Principal Place of Business
16110 Flight Path Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Brooksville FL
Zip
34609

City & State
Zip

4. FEI Number
593597789
Applied For
Not Applicable

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

MARMET, YVONNE
264 HAMPSHIRE AVE.
BROOKSVILLE FL 34601

Name
Street Address (P.O. Box Number is Not Acceptable)
16110 Flight Path Dr.
City Brooksville FL Zip Code 34609

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	Yvonne Marmet - President 264 Hampshire Ave Brooksville FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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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: Yvonne Marmet 352-799-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)