

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90040 050 ***150.00

0475343 AV

DOCUMENT # P99000091084

1. Entity Name

R-7 PROPERTIES, INC.

Principal Place of Business

**1711 DANSBY RD
 HARDEE CO
 WAUCHULA FL 33873**

Mailing Address

**1711 DANSBY RD
 WAUCHULA FL 33873**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0958110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, JAMES A
 1711 DANSBY RD
 WAUCHULA FL 33873**

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, 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

TITLE / NAME	P ROGERS, JAMES A	☐ Delete
STREET ADDRESS	1711 DANSBY RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE / NAME	S ROGERS, CATHERINE J	☐ Delete
STREET ADDRESS	1711 DANSBY RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE / NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	☐ Change ☐ Addition
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: *Catherine J. Rogers / Catherine J. Rogers* **3/25/02** **(863) 735-0741**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)