

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46844

1. Entity Name

ROGERS AUTO BODY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90241 023 ***150.00

Principal Place of Business

Mailing Address

800 W HWY 434
LONGWOOD FL 32750

116 VIA DUOMO
NEW SMYRNA BEACH FL 32169-5108
US

2. Principal Place of Business

3. Mailing Address

116 Via Duomo
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Beach, FL

Zip

Country

Zip

Country

32169

Volusia

4. FEI Number

59-3061564

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

ROGERS, GARY J
116 VIA DUOMO
NEW SMYRNA BEACH FL 32169

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, 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	PT	<input type="checkbox"/> Delete
NAME	ROGERS, GARY J	
STREET ADDRESS	116 VIA DUOMO	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, GARY J	
STREET ADDRESS	116 VIA DUOMO	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, DONNA M.	
STREET ADDRESS	116 VIA DUOMO	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Donna M Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 (904) 423-7692
Date Daytime Phone #

CR2E034 (9/99)