

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90077 040 ***550.00

DOCUMENT # 123126

1. Entity Name
I.B.N., INC.

Principal Place of Business

**115 E. FORSYTH STREET
 JACKSONVILLE FL 32202**

Mailing Address

**115 E. FORSYTH STREET
 JACKSONVILLE FL 32202**

2. Principal Place of Business

133 East Bay Street

3. Mailing Address

133 East Bay Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number **59-0372260**

Applied For

Not Applicable

Zip **32202**

Country

Zip **32202**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, CHARLES W. (JR.)
 115 E. FORSYTH STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **ROGERS, CHARLES W. (JR.)**

Street Address (P.O. Box Number is Not Acceptable)

133 East Bay Street

City

Jacksonville

FL

Zip Code
32202

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **ROGERS, CHARLES W. (JR.)**
 STREET ADDRESS **115 E. FORSYTH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete
 NAME **PASCHAL, LINDA ROGERS**
 STREET ADDRESS **115 E. FORSYTH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROGERS, CHARLES W. (JR.)**
 STREET ADDRESS **133 East Bay Street**
 CITY-ST-ZIP **Jacksonville, FL**

TITLE **S** ☒ Change ☐ Addition
 NAME **PASCHAL, LINDA ROGERS**
 STREET ADDRESS **133 East Bay Street**
 CITY-ST-ZIP **Jacksonville, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Charles W. Rogers Jr Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-9-02 1-904-354-5596

CR2E034 (4/02)