

DOCUMENT # F01868
1. Entity Name
LAW OFFICES OF ROGER G. SABERSON, P.A.

Principal Place of Business Mailing Address
70 S.E. 4TH AVENUE 70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483-4514 DELRAY BEACH FL 33483-4514
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
SABERSON, ROGER G
70 S. E. 4TH AVENUE
DELRAY BEACH FL 33483-1514

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90063 027 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2036524 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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 ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------|---|--|
| TITLE | PST | TITLE | |
| NAME | SABERSON, ROGER | NAME | |
| STREET ADDRESS | 70 S. E. 4TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH, FL 00000 | CITY-ST-ZIP | |
| TITLE | PST | TITLE | |
| NAME | SABERSON, ROGER G | NAME | |
| STREET ADDRESS | 70 S. E. 4TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Roger G. Saberson* **Roger G. Saberson** 1/3/01 561-272-8616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #