

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29042

1. Entity Name

INVESCO, N.F., INC.

Principal Place of Business

10754-2 SCOTT MILL ROAD  
JACKSONVILLE FL 32223  
US

Mailing Address

10754-2 SCOTT MILL ROAD  
JACKSONVILLE FL 32223-6518

2. Principal Place of Business

~~10754-2 SCOTT MILL RD~~  
Suite, Apt. #, etc.  
~~JACKSONVILLE~~

3. Mailing Address

~~10754-2 SCOT~~  
Suite, Apt. #, etc.

City & State

~~FL~~

City & State

Zip

~~32223~~

Country

~~USA~~

Zip

Country

4. FEI Number

59-2978692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBISON, MARY A.  
2600 INDEPENDENT SQUARE  
JACKSONVILLE 33302

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 reconstituting)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D ROTH, NEAL M.	10754-2 SCOTT MILL RD.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL M. ROTH

2-18-00

Date

904 262 3354

Daytime Phone #

TS

CR2E034 (9/99)

FILED

00 MAR 17 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE