## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT #**

L29042

1. Entity Name

INVESCO, N.F., INC.

Principal Place of Business



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90167 013 \*\*\*150.00

60010987

10754-2 SCOTT MILL ROAD JACKSONVILLE FL 32223			10754-2 SCOTT MILL ROAD JACKSONVILLE FL 32223				pnati	1301	
US	LE FL 32223	JACKSONVILLE	FL 32223				- 1181 - 1814 - E181		
US					ł				
2. Principa Place of Business		3. Mailing Addre	3. Mailing Address					<b>                                   </b>	<b>1861 5186) 188</b> 1
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	City & State			4. FEI Number 59-2978692 Applied For Not Applicable			
Zip	Country Zip		Cou	Country 5.		rtificate of Status Desired		3.75 Add e Required	itional
<del></del>	<u></u>	7. Na	me and Address of New Re			·			
<del></del>	6. Name and Address of Curr			Name	.,,,,,,,,		g.0.0.00 7.1g		
ROBISON, MARY A.				·					
				Street Address (P.O. Box Number is Not Acceptable)					
2600 INDEPENDENT SQUARE				<u> </u>					
JACKSONVILLE FL 33302				L					
	÷-,			City			FL	Zip Code	
9 The above	named entity submits this stateme	est for the ournose of chi	unging its registe	yrad office or regio	tored agen	t or both in the State of Flori		niliar with s	and accept
	tions of registered agent.	in for the purpose of circ	inging its registe	red office of regis	tered agen	t, or both, in the State of Flori	ua. Taiii ai	mical with, c	and accept
, Yu	,								-
SIGNATURE .	Signature, typed or printed name of registered a		ALOTE: Busine	red Agent signature requ	for at the second		DATE		
	orginature, typed or printed frame of registered a	agent and title it applicable.	(NOTE: Negiste	Teo Agent signature requ	med when lens		DATE -		
	TLE NOW!!! FEE IS \$150.00					9. Election Campaign Final	ncina	\$5.0r	May Be
After May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.		Added	to Fees
Make Check Payable to Florida Department of State						<u> </u>			
10.	OFFICERS AND DIRECTORS 11			·	ADDI	TIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11
TITLE	D	□ D	elete I TIT	LE				Change	☐ Addition
NAME '	ROTH, NEAL M.			ME					
STREET ADDRESS	10754-2 SCOTT MILL RD.			REET ADDRESS					\
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NAME			NA	ME (					}
STREET ADDRESS				REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NEACHIMARIOTERREQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

123/03 904 262 3357
Date Phone #