

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097771

1. Entity Name  
IRENE S. ROGES, ARCHITECT, P.A.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90083 035 \*\*\*150.00

Principal Place of Business  
7021 CYPRESS BRIDGE DRIVE NORTH  
PONTE VEDRA BEACH FL 32082

Mailing Address  
7021 CYPRESS BRIDGE DRIVE NORTH  
PONTE VEDRA BEACH FL 32082-2512

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3480845**  
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

ROGES, IRENE S  
7021 CYPRESS BRIDGE DRIVE NORTH  
PONTE VEDRA BEACH FL 32082

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ROGES, IRENE S.</b> <b>7021 CYPRESS BRIDGE DRIVE NORTH</b> <b>PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Irene S. Roges **IRENE S. ROGES** **FEB 25/2000 (904) 285 4056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)