

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078635

1. Entity Name

PAUL ROGERS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90136 023 ***150.00

Principal Place of Business

Mailing Address

8129 SABAL OAK LANE
 JACKSONVILLE FL 32256

8129 SABAL OAK LANE
 JACKSONVILLE FL 32256-7371

2. Principal Place of Business

3. Mailing Address

9250 BAYMEADOWS RD
 Suite, Apt. #, etc.
 SUITE 430

9250 BAYMEADOWS RD
 Suite, Apt. #, etc.
 SUITE 430



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

4. FEI Number

59-3598389

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

32256

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

CHRITTON, J. KIRBY
 1301 RIVERPLACE BLVD., STE. 1500
 JACKSONVILLE FL 32207

Name

PAUL ROGERS

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

8129 SABAL OAK LANE

City

JACKSONVILLE

FL

Zip Code

32256

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

Paul Rogers

2/25/00

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, 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	D	<input type="checkbox"/> Delete
NAME	ROGERS, PAUL M	
STREET ADDRESS	8129 SABAL OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Paul M Rogers PAUL M ROGERS

2/25/00

904 737 6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)