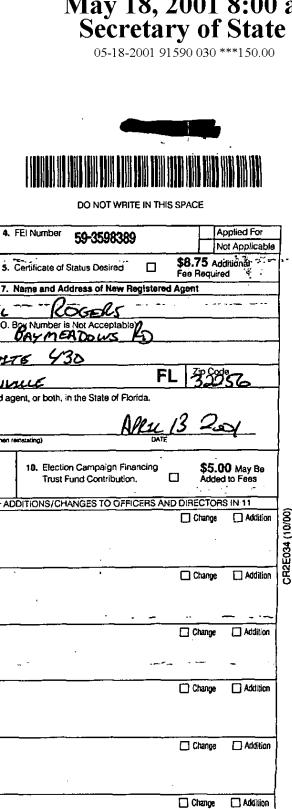
## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000078635 1. Entity Name 05-18-2001 91590 030 \*\*\*150.00 PAUL ROGERS, INC. Principal Place of Business Mailing Address 9250 BAYMEADOWS RD 9250 BAYMEADOWS RD **STE 430 STE 430** JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3598389 Not Applicable Zip Name and Address Country 7 \$8.75 Additionar 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERT, PAUL 8129 SABAL OAK LANE JACKSONVILLE FL 32256 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.-OFFICERS AND DIRECTORS 12.-■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ROGERS, PAUL M STREET ADDRESS 8129 SABAL OAK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 -CRY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P me Delete ☐ Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if ap address, with all other like empowered changed, or on an attachment with

May 18, 2001 8:00 am Secretary of State



SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

April 20, 2001

PAUL ROGERS, INC. 9250 BAYMEADOWS RD STE 430 JACKSONVILLE, FL 32256

Subject: PAUL ROGERS, INC.

Reference

P99000078635

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA`32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Att. The state of the second state of the seco

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314