

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91590 030 ***150.00

DOCUMENT # P99000078635

1. Entity Name

PAUL ROGERS, INC.

Principal Place of Business

Mailing Address

9250 BAYMEADOWS RD
 STE 430
 JACKSONVILLE FL 32256

9250 BAYMEADOWS RD
 STE 430
 JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3598389**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROBERT, PAUL
8129 SABAL OAK LANE
JACKSONVILLE FL 32256

Name **PAUL ROGERS**
 Street Address (P.O. Box Number is Not Acceptable)
9250 BAYMEADOWS RD
SUITE 430
 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* **PRESIDENT** APRIL 13 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) 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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D ROGERS, PAUL M 8129 SABAL OAK LANE JACKSONVILLE FL 32256		

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: *Paul M. Rogers* 3/3/01 904 737 6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



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 Number: **P99000078635**

NEW
CHECK
ENCLOSED

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed 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.

/tr

ANNUAL REPORTS SECTION