

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90232 046 ***150.00

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DOCUMENT # **550301**

1. Entity Name
ROBERSON ALLERGY & ASTHMA, INC.

Principal Place of Business Mailing Address
135 E MIRASOL DRIVE 135 E MIRASOL DRIVE
PALM BEACH FL 33480 PALM BEACH FL 33480



2. Principal Place of Business 3. Mailing Address
1117 No. OLIVE AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
202

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
WEST PALM BCH, FL 59-1774000 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33401 PALM BCH

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
JOHNSTON, HARRY A., II Clive E. Roberson
2045 BROWARD AVENUE
WEST PALM BEACH FL 33407
 Name **CLIVE E ROBERSON**
 Street Address (P.O. Box Number is Not Acceptable)
135 EL MIRASOL DR
 City **PALM BEACH, FL** Zip Code **33480**

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 *Clive E. Roberson*
 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, 2002 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	PD ROBERSON, CLIVE E. 135 EL MIRASOL DR PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERSON, CAROLYN 135 EL MIRASOL DR PALM BEACH FL <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: *Clive E. Roberson* 3 25 02 56
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Anytime Phone #

CR2E034 (9/01)