

DOCUMENT # 605094
1. Entity Name
DRS. ROBERTS & CARVELL, P.A.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90048 028 ***150.00

Principal Place of Business
8102 BLANDING BLVD.
JACKSONVILLE FL 32244

Mailing Address
8102 BLANDING BLVD.
JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number 59-1515138
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTS (DR. B.W.)
8102 BLANDING BLVD.
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
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 _____
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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	ROBERTS (DR. B.W.)	8102 BLANDING BLVD.	JACKSONVILLE FL	
T	ROBERTS, DR B W	8102 BLANDING BLVD.	JACKSONVILLE FL	
S	ROBERTS, LYDIA J	8102 BLANDING BLVD.	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

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: DR. B.W. ROBERTS 1/3/00 904-7773937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)