

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90136 037 \*\*\*150.00

**DOCUMENT # K45999**

1. Entity Name  
**SANDRA ROBERTS, D.C., P.A.**

Principal Place of Business  
**22 N JOHN YOUNG PKWY  
KISSIMMEE FL 34741  
US**

Mailing Address  
**22 N JOHN YOUNG PKWY  
KISSIMMEE FL 34741  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2921708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ROBERTS, SANDRA  
22 N. BERMUDA AVENUE  
KISSIMMEE FL 34741**

## 7. Name and Address of New Registered Agent

Name **Roberts, SANDRA**  
Street Address (P.O. Box Number is Not Acceptable)  
**22 N. John Young Pkwy**  
City **Kissimmee** FL Zip Code **34741**

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

*Sandra Roberts*

1/16/02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	ROBERTS, JOHN GREGORY	10340 VINELAND RD	RICHMOND VA	<input type="checkbox"/>
VP	HANCOCK, PAUL D	524 MINNESOTA AVE	ST CLOUD FL	<input type="checkbox"/>
P	ROBERTS, SANDRA	22 N BERMUDA AVENUE	KISSIMMEE FL	<input type="checkbox"/>
D	ROBERTS, LISA	10340 VINELAND RD	RICHARDMOND VA	<input type="checkbox"/>
D	WAYHAM, BRUCE	2918 BRIARGROVE	SAN ANGELO TX 76904	<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Sandra Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DR. SANDRA Roberts**

Date

1/16/02

Daytime Phone #

407-847-6788

0562715 AV

CR2E034 (9/01)