

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90116 021 ***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

4. FEI Number **59-2921708**

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

ROBERTS, SANDRA

~~22 N. BERMUDA AVENUE~~
~~KISSIMMEE FL 34741~~

**22 N John Young Pkwy
Kissimmee, FL 34741**

Name **Roberts, SANDRA**

Street Address (P.O. Box Number is Not Acceptable)
22 N. John Young Pkwy

City **Kissimmee**

FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DR. SANDRA Roberts President 1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Delete
NAME **ROBERTS, JOHN GREGORY**
STREET ADDRESS **10340 VINELAND RD**
CITY-ST-ZIP **RICHMOND VA**

TITLE ☒ Change ☐ Addition
NAME **7960 Happy Trails**
STREET ADDRESS **Kissimmee FL 34746**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HANCOCK, PAUL D**
STREET ADDRESS **524 MINNESOTA AVE**
CITY-ST-ZIP **ST CLOUD FL**

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

TITLE **P** ☐ Delete
NAME **ROBERTS, SANDRA**
STREET ADDRESS **22 N BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
NAME **22 N John Young Parkway**
STREET ADDRESS **Kissimmee FL 34741**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ROBERTS, LISA**
STREET ADDRESS **10340 VINELAND RD**
CITY-ST-ZIP **RICHARDMOND VA**

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

TITLE **D** ☐ Delete
NAME **WAYHAM, BRUCE**
STREET ADDRESS **2918 BRIARGROVE**
CITY-ST-ZIP **SAN ANGELO TX 76904**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. SANDRA Roberts
President 1/6/03 407-847-6788
Date Daytime Phone #

CR2E034 (10/02)