

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097101

1. Entity Name

ROBERT C. MCELROY, PH.D., INC.

Principal Place of Business

701 LAKEVIEW TERRACE
BOCA RATON FL 33431

Mailing Address

701 LAKEVIEW TERRACE
BOCA RATON FL 33431

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

65 1048570

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCELROY, ROBERT C
6971 NORTH FEDERAL HIGHWAY
SUITE 405
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Agnes McElroy
Street Address (P.O. Box Number is Not Acceptable)
701 Lakeview Terrace
City Boca Raton FL Zip Code 33431

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.

Agnes McElroy

3-2-01

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	D	<input type="checkbox"/> Delete
NAME	MCELROY, ROBERT C	
STREET ADDRESS	6971 NORTH FEDERAL HIGHWAY SUITE 405	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, AGNES	
STREET ADDRESS	6971 NORTH FEDERAL HIGHWAY SUITE 405	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	701 Lakeview Terrace
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	701 Lakeview Terrace
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Agnes McElroy 3-2-01

Date

Daytime Phone #

561-
995-
6781

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90191 007 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2034 (10/00)