

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90059 030 \*\*\*150.00

**DOCUMENT # P00000113004**

1. Entity Name  
**CAROL COBOURN ASBURY, P.A.**

Principal Place of Business Mailing Address  
~~1801 SOUTH FEDERAL HWY STE 245B~~ ~~1801 SOUTH FEDERAL HWY STE 245B~~  
~~DELRAY BEACH FL 33483~~ ~~DELRAY BEACH FL 33483~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**7618 Briar Cliff Circle** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-1061684** Applied For  
**Lake Worth, Florida** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
**33467** ~~was Palm Beach~~ Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**ASBURY, CAROL C** Name **Carol C. Asbury**  
~~1801 SOUTH FEDERAL HWY STE 245B~~ Street Address (P.O. Box Number is Not Acceptable)  
~~DELRAY BEACH FL 33483~~ **7618 Briar Cliff Circle**  
 City **Lake Worth** **FL** Zip Code **33467**

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]* DATE **1/26/02**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☐ \$5.00 May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE*	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ASBURY, CAROL C</b>		NAME		
STREET ADDRESS	<b>1801 SOUTH FEDERAL HWY STE 245B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>		CITY-ST-ZIP		
TITLE	<b>7618 Briar Cliff Circle</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Lake Worth, FL.</b>		NAME		
STREET ADDRESS	<b>33467</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **1/26/02 (561) 704-0577**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)