

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90051 035 ***150.00

DOCUMENT # P96000051920

1. Entity Name
KIMBERLY G. ROBINSON, D.M.D., P.A.

924116

Principal Place of Business

1400 S ORLANDO AVE
 STE 207
 WINTER PRK FL 32 32789
 US

Mailing Address

1400 S ORLANDO AVE
 STE 207
 WINTER PK FL 32789
 US

2. Principal Place of Business

894 E. Altamonte Drive
 Suite, Apt. #, etc.

3. Mailing Address

894 E. Altamonte Drive
 Suite, Apt. #, etc.

City & State

Altamonte Springs, FL
 Zip 32701
 Country U.S.A.

City & State

Altamonte Springs, FL
 Zip 32701
 Country U.S.A.

4. FEI Number 59-3386020

Applied For

Not Applicable

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

HARGROVE, CHARLES D
 801 MAGNOLIA AVE
 STE 402
 ORLANDO FL 32803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 ROBINSON, KIMBERLY G
 213 FLAME AVE
 MAITLAND FL 32751 ☐ Delete

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

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)