

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90163 012 ***150.00

DOCUMENT # P97000065002

1. Entity Name

ALLERGY SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

80130889

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10011 SAWGRASS DRIVE EAST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 695

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

59-3473426

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32004

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KELLEY, DIANA D

Street Address (P.O. Box Number is Not Acceptable)

972 PONTE VEDRA BOULEVARD

City

PONTE VEDRA BEACH

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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

Diana D. Kelley

DIANA D. KELLEY

7/17/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PDST	KELLEY, DIANA D	PO BOX 695	PONTE VEDRA BEACH, FL 32004
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Diana D. Kelley

DIANA D. KELLEY

7/17/02

(904) 273-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment *BO130889*

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

July 17, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: ~~Profit Corporation Annual Report~~
Document P97000065002 - Allergy Services, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept her report and her payment of \$150.00, for the year 2002.

Ms. Kelley, President of the above Corporation, did not receive her report for the 2002 registration period. When Ms. Kelly came in for her tax interview this week, it was discovered that she did not receive her report and we promptly prepared the report for her. She is very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Uniform Business Report
Check # 2920