

AMENDED REPORT

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

DOCUMENT # P98000008050

1. Entity Name

Brandon Allergy Clinic, Inc.

FILED

02 AUG 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400007425654--2

-08/29/02--01046--022

*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 Vonderburg Drive

3. Mailing Address
500 Vonderburg Drive

Suite, Apt. #, etc.
Ste. 103, East Tower

Suite, Apt. #, etc.
Ste. 103, East Tower

City & State
Brandon, FL

City & State
Brandon, FL

4. FEI Number
65-0808268

Applied For
Not Applicable

Zip
33511

Country
USA

Zip
33511

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Diane Stablein

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

500 Vonderburg Drive, Ste. 103, East Tower

City Brandon

FL

Zip Code
33511

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 Diane Stablein, Diane Stablein, President

08/12/02

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 \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P/D Diane Stablein 500 Vonderburg Dr., Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Diana Brick 500 Vonderburg Dr., Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Diane Stablein 500 Vonderburg Dr., Brandon, FL 33511
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Diane Stablein, Diane Stablein

08/12/02

(813) 689-1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)