

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90266 040 ***150.00

0010235 AV

DOCUMENT # P01000101527

1. Entity Name
BEACHSIDE CHIROPRACTIC, INC.

Principal Place of Business
321 N HALIFAX DR
ORMOND BEACH FL 32176

Mailing Address
321 N HALIFAX DR
ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
940 North Halifax Ave
 Suite, Apt. #, etc. **office/clinic**

3. Mailing Address
940 North Halifax Ave
 Suite, Apt. #, etc. **clinic**

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number
04-361 7670

Applied For
 Not Applicable

Zip **32118** **Country** **Volusia**

Zip **32118** **Country** **Volusia**

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

6. Name and Address of Current Registered Agent
MOUTSOPOULOS, CATHERINE E
321 N HALIFAX DR
ORMOND BEACH FL 32176
DEP
FC
A

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MOUTSOPOULOS, CATHERINE E 321 N HALIFAX DR ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **4/11/02** **Daytime Phone #** **386 285-8488**

CR2E034 (9/01)