

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058309

1. Entity Name

THOMAS A. KISKA, D.C., P.A.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90092 002 ***150.00

Principal Place of Business

440-A THIRD STREET
NEPTUNE BEACH FL 32266
US

Mailing Address

440-A THIRD STREET
SUITE A
NEPTUNE BEACH FL 32266
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KISKA, THOMAS A
119 9TH AVENUE SOUTH
JACKSONVILLE FL 32250

Name

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

N/A

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME KISKA, THOMAS A D.C.
STREET ADDRESS 119 9TH AVENUE SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-00
Date

904-244-5499
Daytime Phone #

CR2E034 (5/00)



Advanced Medical Chiropractic Centers



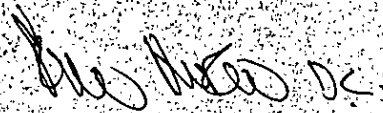
Thomas A. Kiska, D.C., P.A.
440 Third Street • Suite A • Neptune Beach, Florida 32266
(904) 249-5999 Fax (904) 249-1768

Attachment
#98000058309
A0071945

To whom it may concern,

I originally sent this form with a \$150. check in late April of 2000. I can only assume that it got lost in the mail or at the receiving end since on review the check has never been cashed. Please accept this check as a replacement for check #3120. I wrote in April of this year I will send these documents certified in the future to avoid any further confusion. Your anticipated cooperation is greatly appreciated.

Sincerely,

 Thomas A. Kiska, D.C.

Thomas A. Kiska