

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90319 023 \*\*\*150.00

**DOCUMENT # F14817**

1. Entity Name  
**JOEL A. SHOEMAKER, D.C., P.A.**

Principal Place of Business 7166 PEMBROKE RD MIRAMAR FL 33023	Mailing Address 7166 PEMBROKE RD MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10946 Pembroke Rd.</b>	3. Mailing Address <b>10946 Pembroke Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FL.</b>	City & State <b>MIRAMAR, FL.</b>	4. FEI Number <b>65-0405620</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33025</b>	Country <b>USA</b>	Zip <b>33025</b>	Country <b>USA</b>

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**

SHOEMAKER, JOEL A  
 7166 PEMBROKE ROAD  
 MIRAMAR FL 33023

Name <b>JOEL A. SHOEMAKER</b>
Street Address (P.O. Box Number is Not Acceptable) <b>10946 Pembroke Rd.</b>
City <b>MIRAMAR</b>
State <b>FL</b>
Zip Code <b>33025</b>

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 \_\_\_\_\_ (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	PD SHOEMAKER, JOEL A 7166 PEMBROKE ROAD MIRAMAR FL	<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	PD SHOEMAKER, JOEL A 10946 Pembroke Rd. MIRAMAR, FL 33025	<input checked="" 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
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

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: Joel Shoemaker JOEL A. SHOEMAKER DC. 4/24/01 (954) 392-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)