## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

10946 PEMBROKE RD

## F14817 **DOCUMENT #**

1. Entity Name

Principal Place of Business

10946 PEMBROKE RD

JOEL A. SHOEMAKER, D.C., P.A.



FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90189 014 ***150 00

MIRAMAR FL	33025		MIRAL	MIRAMAR FL 33025							
2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address					ÆN BABAR BABAR BABA	il 01017 01011 1004 *	
Suite, Apt.	#, etc.	<del></del>	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	e		City	City & State			4. 1	4. FEI Number 65-0405620 Applied For Not Applicable			
Zip	Country Zip			Country		5.	5. Certificate of Status Desired Seried Fee Required \$8.75 Additional				
	6. Name	and Address of Curre	ent Registere	d Agent		7. Name and Address of New Registered Agent					
SHOEMAKER, JOEL A						Nâme					
10946 PEI	MBROKE R		•	Street Ad	Idress (P.O. B	Box Number is Not Acceptable)					
MIRAMAR	FL 33025										
						City			FL Zip Co		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed	or printed name of registered ag	ent and title if appl	icable, (NOTE	≛: Registered	d Agent signatur	required when re	reinstating) DA	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.		.00 May Be led to Fees	
10.			ND DIRECTOR	RS .	11.		ΑΓ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	18S IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**