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

## F76258 **DOCUMENT #**

of the corporation or the receiver or trustee empowers changed, or on an attachment with an address with a

**SIGNATURE:** 

1. Entity Name

CHARLES VICKERS, DC PA



## **FILED** Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90126 028 \*\*\*150.00

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2 Principal P	llege of Dusin		10 140	illeia Addrono			4					
2. Principal P	riace or Busin	less	J. IVIA	3. Mailing Address								
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Oltri P. Otes			0.11	City & State			ļ.,					
City & Stat	е		l City	y & State		4. FEI Number 59-216676			$\rightarrow$	Applied For Not Applicable	1	
Zip Country			Zip		Count	intry 5.		Certificate of Status Desired		8.75 Ad		1
6 Name and Address of Current			nt Begister	ed Agent	<u> </u>		<u> </u>	Name and Address of New Reg		ee Require	ed ·	-
6. Name and Address of Current Registered Agent						Name						
	OHN PAUL				Street Address (P.O. Box Number is Not Acceptable)						┨	
		Parks Debari & Pi	EDDY		One of Addition (1.0. Dox Indition is Not Acceptable)							
· ·	JTH FLORID				·							
LAKELANI	D FL 33813	•.				City			FL	Zip Cod	e	1
			for the purp	pose of changing its	registere	ed office or register	red ag	gent, or both, in the State of Florid	ta. I am fa	 ımiliar with	, and accept	7
the obligat	ions of regist	ered agent.						•				
SIGNATURE .	CONTRACT TOTAL	21-54)	ant and title if any	plinable (NOT)	F. Domintoro	4 8		-in-a-sii	DATE			
**************************************	(4)	or pented name of registered agr	ent and title if app	Pilicable. (NOTI	E. Registered	Agent signature required	o wnen r	einstating)	DATE			$\left\{ \right.$
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Finar			<b>00</b> May Be	
		Florida Department						Trust Fund Contribution.		Adde	d to Fees	
10.		OFFICERS AN	ID DIRECTO	ORS	11.		Αſ	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	]_
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12. Thereby c	ertify that the	information supplied w	rith this filing	does not qualify for	the exen	notion stated in Se	ection	119.07(3)(i), Florida Statutes. I fu	rther certif	fy that the i	information	1
indicated of the corp	on this report poration or th	t or supplemental report e receiver or trustee em	t is true and powered to	accurate and that mecute this eport	ny signatu as require	ure shall have the s ad by Chapter 607	same <sup>7</sup> , Flori	legal effect as if made under oat da Statutes; and that my name a	h; that I an	i an officer Block 10 o	or director Block 11 if	