

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F91573**

1. Entity Name

**RANDALL L. EBLING, D.C., P.A.**



FILED

03 JUL -9 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**209 W BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435**

Mailing Address  
**209 W BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2209763**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EBLING, DR RANDALL L.  
209 W BOYNTON BCH BLVD  
BOYNTON BEACH FL**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **EBLING, RANDALL L**  
STREET ADDRESS **209 W BOYNTON BCH BLVD**  
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 561-732-1540

Date

Daytime Phone #

CR2E034 (10/02)



**RANDALL L. EBLING, D.C., P.A.**  
 CHIROPRACTIC PHYSICIAN  
 209 WEST BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33435  
 (561) 732-1540

WASHINGTON MUTUAL BANK, F.A.  
 DELRAY BEACH, FL 33445  
 63-8413/2670

2256

1-13-03

PAID TO THE  
 ORDER OF

*Division of Corporations*

\$ 150<sup>00</sup>

DOLLARS

*One hundred fifty*

DR. RANDALL L. EBLING

59-2209763

MEMO

*Document F 91573  
 Uniform Exams Report*

*Margaret Cebang*

002256 1125708413 11192 256520 5

2256

ANDALL L. EBLING, D.C., P.A. CHIROPRACTIC PHYSICIAN

*Attn: Marie Jacobs*

*Please note.*

*As per our phone conversation, I checked Jetson, much & Capital Bank statements and above check was now cashed.*

*As you advised, I've enclosed a copy of my Certificate of mailing from the Post office. I have enclosed a Replacement check for 2256 apparently lost by the Post office. Sorry for inconvenience.*

*Margaret Cebang*