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

Mailing Address

326 W. BEARSS AVENUE

## **DOCUMENT #** G04131

1. Entity Name

SIGNATURE

Principal Place of Business

326 W. BEARSS AVENUE

JOHN THOMAS KINNARD, D.C., P.A.



## **FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90122 013 \*\*\*150.00

SUITE A. NICHOLAS POINTE TAMPA FL 33613		SUITE A. NICHOLAS P TAMPA FL 33613	SUITE A. NICHOLAS POINTE TAMPA FL 33613			   <b>       </b>	in ha <b>ar</b> huga hah e	 	ili Aleki eran ibal	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & St	tate	City & State			4. FEI Number 59-2254601				Applied For	
Zip	Country	Zip	Country		5. Certifi	cate of Status De	esired $\square$	\$8.75 A	Not Applicable Additional	
	6. Name and Address of Curre	nt Registered Agent				and Address of		Fee Requi	ired-	
			Nar	me	- rana	and Address Of	New Register	ed Agent	<del></del>	
Kinnari	D, JOHN T.	<u> </u>	Street Address (P.O. Box Number is Not Acceptable)							
	IEARSS AVE.		Stre	et Address (P	O. Box Nu	mber is Not Acc	eptable)			
TAMPA F	FL 33613			·						
			City		<del></del>	<del></del>		Zip Co	ode	
8. The abov	re named entity submits this statement ations of registered agent.	for the purpose of changing i	ts registered offic	o or registers	d ====t ==	1.4 1 2 2 2		<u>-</u>	`	
the obliga	ations of registered agent.	the parpoon of changing i	ts registered this	e or registere	a agent, or	both, in the State	of Florida. Ta	am familiar with	n, and accept	
SIGNATURE										
O'CH O'HE	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	DTE: Registered Agent s	ionature required w	han rejectation	<u> </u>				
	FILE NOW!!! FEE IS \$150.00	· · · · · · · · · · · · · · · · · · ·			Terr remistating	·	DAT	E		
Afte	After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.			<b>00</b> May Be		
10.	OFFICERS AND									
TITLE	ST	Delete	11.		ADDITION	VS/CHANGES TO	OFFICERS A	ND DIRECTOR	3S IN 11	
NAME	KINNARD, JOHN T	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	326 W BEARSS AVE		STREET ADDRE	ss						
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP							
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NAME	KINNARD, JOHN T		NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	326 W BEARSS AVE		STREET ADDRES	ss					<b>A</b>	
<del></del>	TAMPA FL		CITY-ST-ZIP		,					
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STREET ADDRESS			NAME STREET + 2 PRES	_				_ •		
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AME			NAME					☐ Change	☐ Addition	
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS	: ]						
			CITY-ST-ZIP	1						
indicated of of the corp changed, o	ertify that the information supplied with on this report or supplemental report is oration or the occiver of rustee empo- or on an attachment with an address	this filing does not qualify for true and accurate and that m wered to execute this report a thin all other like empowered.	the exemption st ny signature shall as required by Ch	ated in Section have the same apter 607, Flo	n 119.07(3 e legal effe orida Statut	)(i), Florida Statu ct as if made und es; and that my r	es. I further ce der oath; that I lame appears	rtify that the in am an officer o in Block 10 or	formation or director Block 11 if	
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