

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 005 ***150.00

DOCUMENT # **G-33374**

1. Entity Name

Daniel J. Pavlik, D.C.P.A. DBA Pavlik Healthcare

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 N. Peninsula Ave.

Suite, Apt. #, etc.

***213B**

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Smyrna Beach, FL

City & State

4. FEI Number

59-2288477

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Daniel J. Pavlik

Street Address (P.O. Box Number is Not Acceptable)

2100 N. Peninsula Ave., #213B

City

New Smyrna Beach FL

Zip Code

32169

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

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**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Daniel J. Pavlik, D.C. 2100 N. Peninsula Ave., #213B New Smyrna Beach, FL 32169
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 386-426-8282

DATE

Daytime Phone #

CR2E034B (12/01)