

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G38266

1. Entity Name

J. RANDALL JACKSON, D.C., P.A.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90028 013 ***150.00

Principal Place of Business

1717 N FEDERAL
LAKE WORTH FL 33460

Mailing Address

1717 N FEDERAL
LAKE WORTH FL 33460

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

59-2292508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADEN, DANA D.

319 FORUM III, 1655 PALM BCH. LKS. BLVD
W PALM BCH. FL 33401

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.

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	RANDALL, JACKSON J	1715 N. FEDERAL HWY	LAKE WORTH FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 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

8/18/00

Date

Daytime Phone #

CR2E034 (5/00)



Attachment Doc# 638266
A0074489

DR. J. RANDALL JACKSON

Chiropractic Physician
1717 N. Federal Highway
Lake Worth, FL 33460
Phone (561) 585-8940

August 21, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

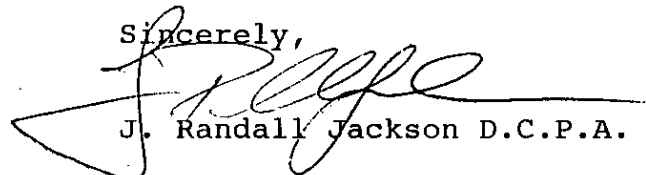
Re: UBR Doc File Fee

Enclosed please find my check in the amount of \$150.00 to file UBR Doc 38266. Please note, I have been consistent in paying my fees on time and have been incorporated in the state of Florida for sixteen years in good standing. This office has not received any previous notice to file this year. I am therefore handling this as my only notice.

As per instructions from Gary and Leslie in your office today, I am writing to request that this payment be honored and my report filed as usual, with no penalty.

I will appreciate your understanding and cooperation in this matter. Should you have any further questions, please feel free to telephone me at my office.

Sincerely,



J. Randall Jackson D.C.P.A.

1717 North Federal Hwy.
Lake Worth, Fl. 33460
FEI No. 59-2292508
561-585-8940