

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90283 022 ***150.00

DOCUMENT # G53603

1. Entity Name
SCOLA CHIROPRACTIC, P.A.

Principal Place of Business

% JOHN E. SCOLA
 2705 A TAMIAMI TRAIL
 PORT CHARLOTTE FL 33952

Mailing Address

% JOHN E. SCOLA
 2705 A TAMIAMI TRAIL
 PORT CHARLOTTE FL 33952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

John E Scola
 Suite, Apt. #, etc.
8911 Brighton Lane

3. Mailing Address

John E Scola
 Suite, Apt. #, etc.
8911 Brighton

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip
34135

Country
Lce

Zip
34135

Country

4. FEI Number **59-2308864**

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

SCOLA, JOHN E.
2705 A TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

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 _____ (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **SCOLA, JOHN E**
 STREET ADDRESS **2705 A TAMIAMI TRL**
 CITY-ST-ZIP **PT CHARLOTTE, 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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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *John E Scola*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 *941 948 9444*
 Date Daytime Phone #

CR2E034 (10/00)