

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90186 026 ***150.00

DOCUMENT # G63669

1. Entity Name
DANIEL J. MADOCK, D.C., P.A.

Principal Place of Business

NICHOLAS POINT, STE A
326 W BEARS AVE
TAMPA FL 33613
US

Mailing Address

NICHOLAS POINT STE A
326 W BEARS AVE
TAMPA FL 33613
US

2. Principal Place of Business

1304 WEST BUSCH BLVD
 Suite, Apt. #, etc.

3. Mailing Address

1304 WEST BUSCH BLVD
 Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-2322964

Applied For
 Not Applicable

Zip
33612-7710

Country
USA

Zip
33612-7710

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MADOCK, DANIEL J
326 W BEARSS AVE
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name
DANIEL J. MADOCK
Street Address (P.O. Box Number is Not Acceptable)
1304 WEST BUSCH BOULEVARD
City **TAMPA** **FL** **Zip Code** **33612-7710**

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. **Changing address of Registered Agent.**

SIGNATURE *Daniel J. Madock, D.C.*

MARCH 1, 2002

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MADOCK, DANIEL J. NICHOLAS POINT, STE A, 326 W BEARSS AVE TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRES/SECRETARY/TREASURER DANIEL J. MADOCK 1304 WEST BUSCH BOULEVARD TAMPA, FLORIDA 33612-7710	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Daniel J. Madock, D.C.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1, 2002 813-935-1664

Date

Daytime Phone #

CR2E034 (9/01)