

2001
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90353 036 ***150.00

0117482

DOCUMENT # G67171

1. Entity Name

ALUKONIS CLINIC OF CHIROPRACTIC P.A.

Principal Place of Business

Mailing Address

299 N. ORLANDO AVE
 COCOA BEACH FL 32931

299 N. ORLANDO AVE
 COCOA BEACH FL 32931-2916

A0070664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

271 Antigua DR.
 Suite, Apt. #, etc.

271 Antigua DR.
 Suite, Apt. #, etc.
 Cocoa Beach

City & State

City & State

Cocoa Beach FL.

Cocoa Beach FL.

4. FEI Number

59-2337093

Applied For

Not Applicable

Zip

Country

Zip

Country

32931

USA

32931

USA

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

ALUKONIS, STEVEN
 299 NORTH ORLANDO AVENUE
 COCOA BEACH FL 32931

new address only
 271 Antigua DR.
 COCOA BEACH FL
 32931

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

Steven Alukonis Steven Alukonis

4/22/01

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, 2000 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: PD
 NAME: ALUKONIS, STEVEN, D.C. Delete
 STREET ADDRESS: 299 N. ORLANDO AVE *271 Antigua DR.*
 CITY-ST-ZIP: COCOA BEACH FL *Cocoa Beach FL 32931*

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 CITY-ST-ZIP: Change 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:

Steven Alukonis Steven Alukonis 4/23/01

321 7846493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)