

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90300 033 ***150.00

DOCUMENT # H27772

1. Entity Name
THOMAS CHIROPRACTIC CLINIC, INC.

Principal Place of Business

~~17 N.W. 33RD COURT
 GAINESVILLE FL 32607~~

Mailing Address

~~17 N.W. 33RD COURT
 GAINESVILLE FL 32607~~

2. Principal Place of Business

1508 SW MAPP RD

Suite, Apt. #, etc.

3. Mailing Address

1508 SW MAPP RD

Suite, Apt. #, etc.

City & State
PAUM CITY FLORIDA

Zip
34990

Country
USA

City & State
PAUM CITY FLORIDA

Zip
34990

Country
USA

4. FEI Number **59-2463546**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~KLEINMAN, THOMAS
 17 N.W. 33RD COURT
 GAINESVILLE FL 32607~~

7. Name and Address of New Registered Agent

Name
THOMAS KLEINMAN
 Street Address (P.O. Box Number is Not Acceptable)
1908 MOORING DRIVE
 City **PAUM CITY** FL **34990**

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 **THOMAS KLEINMAN P.V.P.S.T. Thomas Kleinman** DATE **2/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS KLEINMAN, THOMAS 3469 NW 13 AVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEINMAN, THOMAS 3469 NW 13 AVE GAINESVILLE FL	<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	PVS KLEINMAN, THOMAS 1908 MOORING DRIVE PAUM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEINMAN, THOMAS 1908 MOORING DRIVE PAUM CITY, FL 34990	<input checked="" 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
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 empowerments.

SIGNATURE: **THOMAS KLEINMAN P.V.P.S.T. Thomas Kleinman** Date **2/27/01** Daytime Phone # **351 286 9181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)