

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90442 013 ***150.00

DOCUMENT # H87893

1. Entity Name

ED BARKER D.C., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 LAKE HOWELL ROAD

Suite, Apt. #, etc.

3. Mailing Address

430 LAKE HOWELL ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND FL

Zip

32751

Country USA

SEMINOLE

City & State

MAITLAND FL

Zip

32751

Country USA

SEMINOLE

4. FEI Number

59-2605551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ED BARKER, D.C.

Street Address (P.O. Box Number is Not Acceptable)

430 LAKE HOWELL ROAD

City

MAITLAND

FL

Zip Code
32751

**DO NOT WRITE
IN THIS SPACE**

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

Ed Barker D.C. PA

PRESIDENT

ED BARKER, D.C., P.A.

5-16-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
ED BARKER, D.C., P.A.
430 LAKE HOWELL RD
MAITLAND FL 32751

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ED BARKER, D.C., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Barker D.C. PA

5-16-02

Date

407 628 1900

Daytime Phone #

CR2E034B (12/01)