

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90070 020 ***150.00

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DOCUMENT # J65357

1. Entity Name

RHONDA L. MANTIN, D.C., P.A.

Principal Place of Business

**4400 N. FEDERAL HWY. STE 118
118
BOCA RATON FL 33431
US**

Mailing Address

**4400 N. FEDERAL HWY. STE 118
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2628633

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

MANTIN, RHONDA L.

**4400 N. FEDERAL HWY, STE 118
BOCA RATON FL 33431**

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

Rhonda L. Mantin, D.C., P.A.
Signature, typed or printed name of registered agent and fee 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **DR**
STREET ADDRESS **MANTIN, RHONDA L.**
CITY-ST-ZIP **4400 N. FEDERAL HWY #118
BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Rhonda L. Mantin, D.C., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/01

Daytime Phone #

**561-
289-7747**

CR2E034 (5/01)

Attachment Doc# J65357 A0082031

MANTIN
CHIROPRACTIC
CENTRE

8/15/01

To whom it may concern,
I didn't receive the 1st
notice due to some problems
with receiving my mail.

I just received the
renewal notice & was told to
explain in this letter & send
w/ a check for \$150 -

I am terribly sorry for
the delay.

Thanking you in advance,
Rhonda L. Mantin

Dr. Rhonda L. Mantin

4400 North Federal Hwy., Suite 118, Boca Raton, Florida 33431
561-395-9080 • FAX: 561-391-1412