

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90018 019 ***150.00

DOCUMENT # K09477

1. Entity Name
MY CHIROPRACTOR OF PORT ORANGE, INC.

Principal Place of Business

915 BIG TREE RD.
SOUTH DAYTONA FL 32119

Mailing Address

915 BIG TREE RD.
SOUTH DAYTONA FL 32119

2. Principal Place of Business

915 Big Tree Road
 Suite, Apt. #, etc.

3. Mailing Address

915 Big Tree Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

South Daytona
 Zip

32119

Country

USA

City & State

South Daytona
 Zip

32119

Country

USA

4. FEI Number

59-2869083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISENBORN, JENNIFER
915 BIG TREE RD
S DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
Dr. Jill D. Gerard / Marcia Pruett
Street Address (P.O. Box Number is Not Acceptable)
611 Moonpenny Circle

City
Port Orange

FL

Zip Code

32127

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

Dr. Jill D. Gerard / Marcia Pruett
Dr. Jill D. Gerard / Marcia Pruett

3-11-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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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
 Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
P
NAME
WEISENBORN, JENNIFER
STREET ADDRESS
915 BIG TREE RD
CITY-ST-ZIP
SOUTH DAYTONA FL 32119

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
Dr. Jill D. Gerard
STREET ADDRESS
915 Big Tree Road
CITY-ST-ZIP
South Daytona, FL 32119

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

Dr. Jill D. Gerard / Marcia Pruett
Dr. Jill D. Gerard / Marcia Pruett

3-11-02

(386) 756-0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)