

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90042 034 ***150.00

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DOCUMENT # K39776

1. Entity Name

COURTENAY CHIROPRACTIC CENTER, P.A.

Principal Place of Business

Mailing Address

1175 N COURTENAY PKWY
 STE 1-A
 MERRITT ISLAND FL 32953
 US

1175 N COURTENAY PKWY
 STE 1-A
 MERRITT ISLAND FL 32953
 US

ADD15000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2912103**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HOXIE, SHELDON
1175 N COURTENAY #1A
MERRITT ISLAND FL 32953

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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DC HOXIE, SHELDON	1175 N COURTENAY MERRITT ISLAND FL 32953		

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 SHELDON M HOXIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01
Date

(321) 453-2555
Daytime Phone #

CR2E034 (10/00)