

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 29, 2000 8:00 am**
Secretary of State

02-29-2000 90185 049 ***150.00

DOCUMENT # K54228

1. Entity Name

GULFVIEW CHIROPRACTIC, P.A.

Principal Place of Business

**8317 U.S. HWY. 19
NEW PORT RICHEY FL 34668**

Mailing Address

**8317 U.S. HWY. 19
NEW PORT RICHEY FL 34668-6642**

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 **59-2922717**

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****7. Name and Address of New Registered Agent****ZANDECKI, THOMAS J.
7619 LITTLE ROAD
SUITE 250
NEW PORT RICHEY FL 34654**

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, 2000 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV HALLEY, CHARLES F. 8317 US HWY 19 PORT RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T HALLEY, CHARLES F. 8317 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALLEY, CHARLES F. 8317 US HWY 19 PORT RICHEY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another I am empowered.

SIGNATURE: **X** *Charles F. Halley* **CHARLES F. HALLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X **2/16/00 727-847-4611**

CR2E034 (9/99)