

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K55264

FILED
Apr 15, 2003
Secretary of State

Entity Name: DAVID J. BENNETT, D.C., P.A.

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 208
LONGWOOD, FL 32779 US

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 208
LONGWOOD, FL 32779 US

New Principal Place of Business:

15745 DORA AVE.
SUITE "B"
TAVARES, FL 32778 US

New Mailing Address:

P.O. BOX 1898
MT. DORA, FL 32756 US

FEI Number: 59-2922971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DAVID J
195 WEKIVA SPRINGS RD.
SUITE 208
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

BENNETT, DAVID J
P.O. BOX 1898
MT. DORA, FL 32756 US

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: DAVID BENNETT

04/15/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, DAVID J
Address: P.O. BOX 1898
City-St-Zip: MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BENNETT, DAVID J
Address: P.O. BOX 1898
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BENNETT

DR.

04/15/2003

Electronic Signature of Signing Officer or Director

Date