

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*1002*  
**FILED**

02 JUL 18 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L32697

1. Entity Name

Irwin Strickland, D.C., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8929 Silver Lake Dr

3. Mailing Address

P.O. Box 491139

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-2978418

Applied For

Not Applicable

Zip

34788

Country

Lake

Zip

34749-1139

Country

Lake

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Irwin Strickland, D.C.

Street Address (P.O. Box Number is Not Acceptable)

8929 Silver Lake Dr.

City

Leesburg

FL

Zip Code

34788

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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

TITLE	D
NAME	Strickland, Irwin G.
STREET ADDRESS	P. O. Box 491139
CITY-ST-ZIP	Leesburg, FL 34749-1139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*\$550 - 2001 UBR*  
*150 - 2002 UBR*  
*800007635428*  
*-09/10/02--01049--004*  
*\*\*\*\*700.00 \*\*\*\*700.00*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR

04-25-02

352-787-2036

Date

Daytime Phone #

DR. IRWIN G. STRICKLAND, D.C.

CHIROPRACTOR

P. O. Box 491139

LEESBURG, FL 34749-1139

(352) 787-2036

May 23, 2002

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: IRWIN STRICKLAND, D.C., P.A.  
Ref. Number: L32697

As per telephone conversation with Linda today about our "corporation document", I was told that our check was sent back last year with a letter which was never received so we thought corporation was still active.

Linda informed me to send late payment for 2001 (\$550) and current fee of \$150 to be active. Enclosed you will find check #6443 for amount of \$700 which she told me would make us current.

Thank You,

*Penny T. Strickland, C.A., C.R.T.*  
Penny T. Strickland, C.A., C.R.T. for  
Irwin Strickland, D.C., P.A.