

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90044 038 ***150.00

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DOCUMENT # L88323

1. Entity Name
CARTER CHIROPRACTIC INSTITUTE, INC.

Principal Place of Business

152 NW 165 ST
 MIAMI FL 33169
 US

Mailing Address

152 NW 165TH ST
 MIAMI FL 33169

2. Principal Place of Business

343 N. 11 St.

Suite, Apt. #, etc.

3. Mailing Address

343 N. 11 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Flagler Beach, FL

City & State
 Flagler Beach, FL

4. FEI Number
 65-0213119

Applied For
 Not Applicable

Zip
 32136

Country
 USA

Zip
 32136

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROBERT V.
 152 NW 165TH ST
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
 Carter, Robert V.
 Street Address (P.O. Box Number is Not Acceptable)
 343 N. 11 St.
 City
 Flagler Beach FL Zip Code
 32136

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CARTER, ROBERT V.
 152 NW 165TH ST
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 Carter, Robert V.
 343 N. 11 Street
 Flagler Beach, FL 32136 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 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 empowerments.

SIGNATURE: Robert V. Carter Robert V. Carter 3-4-02 (386) 439-4748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)