

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90333 029 ***550.00

DOCUMENT # L90667

1. Entity Name
JOHN A TERRANOVA D.C. P.A.

Principal Place of Business
6427 LAKE WORTH ROAD
LAKE WORTH FL 33463
US

Mailing Address
6427 LAKE WORTH ROAD
LAKE WORTH FL 33463
US

B0131322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
13882 Columbine Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Westinghouse

City & State

City & State
Wellington FL

4. FEI Number 59-3023489

Applied For
 Not Applicable

Zip Country

Zip Country
33414 P.Beach

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

TERRANOVA, JOHN A.
6427 LAKE WORTH ROAD
LAKE WORTH FL 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/16/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRANOVA, JOHN A. 6427 LAKE WORTH ROAD LAKE WORTH FL 33463	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/16/02 **901964-9331**

CR2E034 (4/02)