

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017662

DOCUMENT # L99000008333

1. Entity Name
ACTION CHIROPRACTIC & ASSOCIATES, LLC

Principal Place of Business 415-17 E. MICHIGAN STREET ORLANDO FL 32806	Mailing Address 415-17 E. MICHIGAN STREET ORLANDO FL 32806
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2. Principal Place of Business SAME	3. Mailing Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2938415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, WINSTON
415-17 E. MICHIGAN STREET
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name **GUSTAV A. MARQUARDT**
Street Address (P.O. Box Number is Not Acceptable)
415-17 E. MICHIGAN ST
City **ORLANDO** FL Zip Code **32806**

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 *Gustav A. Marquardt, General Manager*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE GENERAL MANAGER <input type="checkbox"/> Delete	NAME GUSTAV A. MARQUARDT
STREET ADDRESS 415-17 E. MICHIGAN ST	CITY- ST- ZIP ORLANDO FL 32806
TITLE MANAGER <input type="checkbox"/> Delete	NAME ANITA MELCHER
STREET ADDRESS 415-17 E. MICHIGAN ST	CITY- ST- ZIP ORLANDO FL 32806
TITLE SECRETARY-TREAS. <input type="checkbox"/> Delete	NAME JANET MARQUARDT
STREET ADDRESS 415-17 E. MICHIGAN ST	CITY- ST- ZIP ORLANDO FL 32806
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gustav A. Marquardt* **GUSTAV A. MARQUARDT GENERAL MGR.**
Date **4/26/00** Daytime Phone # **407-423-1616**

CR2E083 (9/93)