

2001 UNIFORM BUSINESS REPORT (UBR)

0032117 SP

DOCUMENT # L99000008333

1. Entity Name

ACTION CHIROPRACTIC & ASSOCIATES, LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
415-17 E. MICHIGAN STREET
ORLANDO FL 32806

Mailing Address
415-17 E. MICHIGAN STREET
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2938415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUARDT, GUSTAV
415-17 E. MICHIGAN STREET
ORLANDO FL 32806

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.

SIGNATURE _____ (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

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGR MARQUARDT, GUSTAV
STREET ADDRESS 415-17 E. MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME Change Addition
MGR Marquardt, Janet
STREET ADDRESS 415-17 E. Michigan St.
CITY-ST-ZIP Orlando, Fl. 32806

TITLE NAME Delete
MGR MELCHER, ANITA
STREET ADDRESS 415-17 E. MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME Change Addition
600004036746
-04/20/01--01122--022
*****50.00 *****50.00

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *J. Marquardt*

4-5-01

407-423-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)