

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

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90812 006 \*\*\*150.00

DOCUMENT # **M19480**

1. Entity Name

**DR. ANDREW I. CAINE, D.C., P.A.**

**DO NOT WRITE IN THIS SPACE**

**B0126746**

2. Principal Place of Business

**15675 BELLANCA LANE**

Suite, Apt. #, etc.

3. Mailing Address

**15675 BELLANCA LANE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON, FL**

4. FEI Number

**59-2576967**

Applied For

Not Applicable

Zip

**33414**

Country

**U.S.**

Zip

**33414**

Country

**U.S.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **ANDREW I. CAINE**

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

**15675 BELLANCA LANE**

City **WELLINGTON**

**FL**

Zip Code

**33414**

**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 reinstating)

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 \$550.00**  
**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 **PRESIDENT**  
NAME **ANDREW I. CAINE**  
STREET ADDRESS **15675 BELLANCA LANE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRES.**  
NAME **HORTENSIA CAINE**  
STREET ADDRESS **15675 BELLANCA LANE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDREW I. CAINE** **6-27-02** **581-790-1938**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment  
R#M19480

June 27, 2002

Andrew I. Caine, D.C., P.A.  
15675 Bellanca Lane  
Wellington, FL. 33414

Department of State  
Division of Corporations  
Uniform Business Report  
Tallahassee, FL 32302-1500

To whom it may concern,

I have been incorporated since 1986. I have always filed my UBR on time. However, this year, I did not receive the UBR filing form. Upon realizing this, I immediately downloaded a form from your website. I realize I am late, but I am hoping that with my history of never being delinquent you will consider accepting the regular fee. Enclosed please find the UBR filing form and a check in the amount of \$150.00. I realize this is a one time only exception.

Thank you for your understanding and consideration in this matter.

Sincerely,



Andrew I. Caine