

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M19480

FILED
Apr 21, 2003
Secretary of State

Entity Name: DR. ANDREW I. CAINE, D.C., P.A.

Current Principal Place of Business:

15675 BELLANCA LANE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

15675 BELLANCA LANE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2576967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAINE, ANDREW I.
15675 BELLANCA LANE
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CAINE, ANDREW I.,
Address: 15675 BELLANCA LANE
City-St-Zip: WELLINGTON, FL 33415

Title: VPT () Delete
Name: CAINE, HORTENSIA
Address: 15675 BELLANCA LANE
City-St-Zip: WELLINGTON, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW CAINE

PRES

04/21/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date