

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90224 041 ***150.00

DOCUMENT # M97430

1. Entity Name
WAKEMAN CHIROPRACTIC HEALTH CARE CENTER, P.A.

Principal Place of Business

26 N. BEACH STREET
 SUITE B
 ORMOND BEACH FL 32174

Mailing Address

26 N. BEACH STREET
 SUITE B
 ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2908788**

Applied For

Not Applicable

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

WAKEMAN, PETER J., D.C.
26 N. BEACH STREET
SUITE B
ORMOND BEACH FL 32174

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, 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) ☐

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 Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
WAKEMAN, PETER J., D.C.
136 ORMWOOD DRIVE
ORMOND BEACH FL 32174

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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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:

WAKEMAN, PETER J., D.C.

817182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

974047

M97430

August 8, 2002

Florida Department of State
Division of Corporations
2002 Uniform Business Report

FEI Number 59-2908788

Dear Department Representative:

Enclosed is my payment check for the 2002 Uniform Business Report as well as the report. The department is charging a \$400 late fee. However at this time I would request a consideration of abatement based on the following circumstances.

At the time this report would have been received my business was in a transitional phase and the person in charge of the accounting, reports and other documents had changed. The original document/report has never been found or received by myself. As an officer of the corporation, as soon as a follow-up report was received, I remitted our check.

Thank you in advance for your consideration in this matter.

Sincerely,

Peter J. Wakeman, D.C.