

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90783 003 \*\*\*150.00

0381728 AV

DOCUMENT # P00000006076

1. Entity Name
DAVID T. WEBBER, D.C., P.A.

Principal Place of Business
8513 WINDY CIRCLE
BOYNTON BEACH FL 33437
Mailing Address
8513 WINDY CIRCLE
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0981982
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
7. Name and Address of New Registered Agent
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
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, Addition.

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...

SIGNATURE: [Handwritten Signature] David Webber 4/1/02 581 389 4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/01)