

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022625

1. Entity Name

VALERO FAMILY CHIROPRACTIC, INC.

Principal Place of Business

124 SOUTH PINEAPPLE AVE
SARASOTA FL 34236

Mailing Address

124 SOUTH PINEAPPLE AVE
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, DANA J
1620 MAIN ST, SUITE 1
SARASOTA FL 34236

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VALERO, ROSEMARY**
CITY-ST-ZIP **4125 PRUDENCE DR**
SARASOTA FL 34235

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **VALERO, ROSEMARY DC, DICKP**
CITY-ST-ZIP **2402 Hermitage Blvd**
Venice, FL 34292

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Rosemary Valero, DC, DICKP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Rosemary Valero, DC, DICKP**
President

Date **1-27-01** Daytime Phone # **941-488-4207**

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90046 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)