

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 024 ***150.00

DOCUMENT # P00000023447

1. Entity Name

~~COASTAL CHIROPRACTIC, P.A.~~

Dean Janssen, P.A. (Name changed) n/c

Principal Place of Business

1800 N. FEDERAL HWY., STE. 105
 POMPANO BEACH FL 33062

Mailing Address

1800 N. FEDERAL HWY., STE. 105
 POMPANO BEACH FL 33062

2. Principal Place of Business

5441 NW 58TH TERRACE

3. Mailing Address

5441 NW 58TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO SPRINGS FL

City & State

ORLANDO SPRINGS FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0991444

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

WICH, THOMAS M ESQ

WICH, WICH & WICH, P.A.

2400 E. COMMERCIAL BLVD., STE. 620

FT. LAUDERDALE FL 33308

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME JANSSEN, DEAN ☐ Delete
 STREET ADDRESS 8135-C SEVERN DR.
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
 NAME JANSSEN, DEAN
 STREET ADDRESS 5441 NW 58TH TERRACE
 CITY-ST-ZIP ORLANDO SPRINGS FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 954-3469032
 Date Daytime Phone #

CR2E034 (9/01)