

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90080 002 ***150.00

DOCUMENT # P00000025071

1. Entity Name
MARK PIERCE CHIROPRACTIC CLINIC, P.A.

Principal Place of Business **Mailing Address**
12620-6 BEACH BLVD. **12620-6 BEACH BLVD.**
JACKSONVILLE FL 32246 **JACKSONVILLE FL 32246**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3630069**

☐ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHUR, TRACY K
200 W. FORSYTH ST. STE. 1200
JACKSONVILLE FL 32202

Name same

Street Address (P.O. Box Number is Not Acceptable)

1901 Island Walkway

City Fernandina Beach

FL

Zip Code 32034

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 Tracy K. Arthur
Signature typed or printed name of registered agent and title if applicable.

TRACY K. ARTHUR (Reg Agent)

1/15/02
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ **Delete**
NAME **PIERCE, MARK**
STREET ADDRESS **12620-6 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **DST** ☐ **Delete**
NAME **PIERCE, ELAINE**
STREET ADDRESS **12620-6 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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: Elaine Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02
Date

904-645-0777
Daytime Phone #

CR2E034 (9/01)