

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 025 ***150.00

DOCUMENT # **P00000035940**

1. Entity Name
Parkway Chiropractic AND Sports Clinic Inc

DO NOT WRITE IN THIS SPACE

80056776

2. Principal Place of Business
5571 Golden Gate Parkway
Suite, Apt. #, etc.

3. Mailing Address
5571 Golden Gate Parkway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL
Zip
34112
Country
Collier

City & State
NAPLES FL
Zip
34112
Country
Collier

4. FEI Number
59 363 7800
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Robert A. Mahaney**
Street Address (P.O. Box Number is Not Acceptable)
1635 Windy Pines Dr. #3
City **NAPLES** FL Zip Code **34112**

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 _____ (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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE
President & Treasurer
NAME
Robert A. Mahaney
STREET ADDRESS
1635 Windy Pines Dr #3
CITY-ST-ZIP
NAPLES FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
Vice President & Secretary
NAME
E. Dietrich Drayton
STREET ADDRESS
2432 Lake Vista Court
CITY-ST-ZIP
CASSELBERRY FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert A. Mahaney** **President** **3/12/02** **941 348 3931**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)