

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043437

1. Entity Name
LD CHIROPRACTIC, P.A.

Principal Place of Business

800 NW FORK RD 5-P
STUART FL 34994

Mailing Address

800 NW FORK RD 5-P
STUART FL 34994

2. Principal Place of Business

2664 SW Willowood Cir
Suite, Apt. #, etc.

3. Mailing Address

2664 SW Willowood Cir
Suite, Apt. #, etc.

City & State
PALM CITY FL

Zip
34990-4634

Country
USA

City & State
PALM CITY FL

Zip
34990-4634

Country
USA

4. FEI Number
65-1003052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
LOREN DEWITT JR
2664 S.W. Willowood Cir
Palm City, FL 34990

7. Name and Address of New Registered Agent

Name
Loren Dewitt
Street Address (P.O. Box Number is Not Acceptable)
2664 SW Willowood Cir
City
PALM CITY FL Zip Code
34990-4634

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)

3-25-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, TRICIA R 800 NW FORK RD 5-P STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWITT, Tricia R 2664 SW Willowood Cir PALM CITY FL 34990-4634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DEWITT, Loren 2664 SW Willowood Cir PALM CITY FL 34990-4634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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; 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 filers empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-01 (21) 287-9204
Date Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90090 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)