

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90019 042 ***150.00

DOCUMENT # P00000043437

1. Entity Name
LD CHIROPRACTIC, P.A.

Principal Place of Business
2664 SW WILLOWOOD CIRCLE
PALM CITY FL 34990-4634

Mailing Address
2664 SW WILLOWOOD CIRCLE
PALM CITY FL 34990-4634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2646 S.W. Mapp Rd
 Suite, Apt. #, etc.
201

3. Mailing Address
2646 S.W. Mapp Rd
 Suite, Apt. #, etc.
201

City & State
Palm City

City & State
Palm City

4. FEI Number **65-1003052** Applied For
 Not Applicable

Zip Country
34990 USA

Zip Country
34990 USA

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

6. Name and Address of Current Registered Agent
DEWITT, LOREN
2664 SW WILLOWOOD CIRCLE
PALM CITY FL 34990-4634

7. Name and Address of New Registered Agent
 Name **DEWITT, LOREN**
 Street Address (P.O. Box Number is Not Acceptable)
2646 S.W. Mapp Rd Ste 201
Palm City
 City **FL** Zip Code **34990**

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 **01/08/02**
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWITT, TRICIA R 2664 SW WILLOWOOD CIRCLE PALM CITY FL 34990-4634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DEWITT, LOREN 2664 SW WILLOWOOD CIRCLE PALM CITY FL 34990-4634 <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	<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
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 like empowered.

SIGNATURE: **01/08/02** **561-223-9525**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)