

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90070 014 ***150.00

DOCUMENT # P00000047575

1. Entity Name
CIELO SPORTS & FAMILY CHIROPRACTIC CENTRE, INC.

Principal Place of Business
3710 W EUCLID AVE
TAMPA FL 33629

Mailing Address
3710 W EUCLID AVE
TAMPA FL 33629

2. Principal Place of Business
3710 W. EUCLID AVE.

3. Mailing Address
3710 W. EUCLID AVE.

Suite, Apt. #, etc.
TAMPA FL

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33629

Country
USA

Zip
33629

Country
USA

4. FEI Number
593628401

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

CIELO, TODD J
3710 W EUCLID AVE
TAMPA FL 33629

Name
SAME

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
Todd J Cielo

(NOTE: Registered Agent signature required when reinstating)

DATE
1/8/01

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	<input type="checkbox"/> Delete
	D			
	CIELO, TODD J			
	3710 W EUCLID AVE			
	TAMPA FL 33629			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Todd J Cielo, D.C.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 813-835-7550

CR2E034 (10/00)