2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000070470**

1. Entity Name
ABACOA TOWN CENTER CHIROPRACTIC, P.A.

Principal Place of Business	Mailing Address
6110 N OCEAN BLVD, NO. 29	6110 N OCEAN BLVD, NO. 29
OCEANRIDGE FL	OCEANRIDGE FL
33435	33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1155 MAIN STREET		1155 MAIN ST	
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc.	
City & State JUPITER FL		City & State JUPITER FL	
Zip 33458	Country US	Zip 33458	Country US

4. FEI Number **65-1027248** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH JOSEHUA K
6110 N OCEAN BLVD, NO. 29
OCEANRIDGE FL
33435

7. Name and Address of New Registered Agent

Name
SMITH JOSHUA K
Street Address (P.O. Box Number is Not Acceptable)
159 RADCLIFFE CT
City
JUPITER **FL** Zip Code 33458

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 **JOSH SMITH** **09/13/2001**
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME SMITH JOSHUA K STREET ADDRESS 159 RADLCIFFE CT CITY-ST-ZIP JUPITER FL 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Josh Smith P 09/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #