

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90384 004 ***150.00

DOCUMENT # P00000074427

1. Entity Name

ALVAREZ CHIROPRACTIC, P.A.

Principal Place of Business

**141 E INDIANA AVE. STE B
 DELAND FL 32724**

Mailing Address

**141 E INDIANA AVE. STE B
 DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3673469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, TREVOR W
 141 E INDIANA AVE, STE B
 DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
**M
 MAXWELL, TREVOR W
 601 LAKE DR
 DELAND FL 32724** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 MAXWELL, TREVOR
 141 E. INDIANA AVE.
 DELAND, FL. 32724** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 ALVAREZ, JACQUELINE M.
 141 E. INDIANA AVE.
 DELAND, FL. 32724** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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:

TREVOR W. MAXWELL, V.P. 7/25/02 (386) 734-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment
P00000074427/676197
ALVAREZ CHIROPRACTIC

141 E. Indiana Ave, Ste B
Deland, FL 32724

Dr. Jackie Alvarez

Phone (386) 734-2522

Fax (386) 734-2502

Dr. Trevor Maxwell

July 25, 2002


Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear UBR representative,

I am submitting the signed UBR along with \$150, as per my conversation with your representative on 07/25/2002. I did not receive a previous notification per the April deadline. In the future I will look for the notification if not received by February.

Thank you in advance for your prompt assistance in this matter.

Sincerely,


Dr. Trevor W. Maxwell

Attachments: signed UBR, check