

2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-9

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-08-2001 90033 025 ***150.00

DOCUMENT # P00000080491

1. Entity Name

ACHILLES CHIROPRACTIC AND SPORTS MEDICINE INC.

Principal Place of Business

Mailing Address

39040 US HWY 19
 TARPON SPRINGS FL 34689-3957

39040 US HWY 19
 TARPON SPRINGS FL 34689-3957

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

593665348

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

MARCELL, MIKE R.
1100 OAKBRIDGE PKWY #141
LAKELAND FL 33803

Name

MARCELL, MIKE R.
 Street Address (P.O. Box Number is Not Acceptable)
1100 OAKBRIDGE PKWY #141

City **LAKELAND**

FL

Zip Code **33803**

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 **MIKE R. MARCELL - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

1-2-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MIKE R. MARCELL** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **1100 OAKBRIDGE PKWY #141**
 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01

Date

727-937-7086

(Daytime Phone #)

CR2E034 (10/00)