

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90029 036 ***150.00

DOCUMENT # P00000080491

1. Entity Name
ACHILLES CHIROPRACTIC AND SPORTS MEDICINE INC.

Principal Place of Business
39040 US HWY 19
TARPON SPRINGS FL 34689-3957

Mailing Address
39040 US HWY 19
TARPON SPRINGS FL 34689-3957

2. Principal Place of Business
1245 S. Pinellas Ave.
 Suite, Apt. #, etc.

3. Mailing Address
1245 S. Pinellas Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tarpon Springs, FL
 Zip
34689
 Country
USA

4. FEI Number
59-3665349
 Applied For
☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARCELL, MIKE R
1100 OAKRIDGE PKWY #141
LAKELAND FL 33803

7. Name and Address of New Registered Agent
 Name
Marcell Mike R.
 Street Address (P.O. Box Number is Not Acceptable)
5712 Greenwood Way
 City
Hol: day
FL
 Zip Code
34690

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, D.C.** **01.11.02**
 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 MARCELL, MIKE R 1100 OAKBRIDGE PARKWAY #141 LAKELAND FL 33803 <input checked="" 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
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	P Marcell, Mike R. 5712 Greenwood Way Hol: day, FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MIKE R. MARCELL, D.C.** **01.11.02** **727.937.2086**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)