

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90143 032 ***150.00

DOCUMENT # P00000094364

1. Entity Name

CHIROPRACTIC HEALTH AND WELLNESS CENTERS OF NORT

Principal Place of Business

**1803 BOULEVARD
 JACKSONVILLE FL 32206**

Mailing Address

**1803 BOULEVARD
 JACKSONVILLE FL 32206**

2. Principal Place of Business

1803 Boulevard

Suite, Apt. #, etc.

3. Mailing Address

1803 Boulevard

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax

Zip

32206

Country

USA

Zip

32206

Country

USA

4. FEI Number

59-3679834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FORT, PETER A
 1803 BOULEVARD
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name

Fort, Peter A.

Street Address (P.O. Box Number is Not Acceptable)

1803 Boulevard

City

Jax

FL

Zip Code

32206

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

Peter A. Fort

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

(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 **PD** ☐ Delete
 NAME **FORT, PETER A**
 STREET ADDRESS **1803 BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Peter A. Fort

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (904) 355-4777

Date

Daytime Phone #

CR2E034 (10/00)