

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90097 013 ***150.00

0121718 AT

DOCUMENT # P00000094364

1. Entity Name

CHIROPRACTIC HEALTH AND WELLNESS CENTERS OF NORTH FLORIDA, P.A.



Principal Place of Business

**1803 BOULEVARD
JACKSONVILLE FL 32206**

Mailing Address

**1803 BOULEVARD
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

3530 Bridgeway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX FL

Zip

Country

Zip

32277 Duval

Country

4. FEI Number

59-3679834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. 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
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/03
Date

(904)

563-0778
Daytime Phone #

CR2E034 (4/03)

Attachment

10110521

#P00000094364

To whom it may concern,

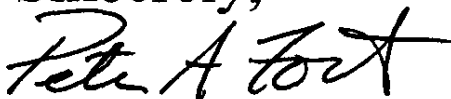
Please accept this letter as notice that we did not receive the prior notice of the Uniform Business Report. We did get the 2nd notice and have completed it as quickly as possible.

~~I guarantee that this will be done each~~
following year before May 1st, as required.

In fact next year I'm sure we will file online to be sure this does not happen again.

Thank you for your help.

Sincerely,



Peter A. Fort

~~President Chiropractic Health Wellness~~

centers of N. FL

FEI# 59-3679834