

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90002 044 ***150.00

DOCUMENT # P00000105064

1. Entity Name
THOMAS CHIROPRACTIC ASSOCIATES, P.A.

Principal Place of Business 5318 26TH STREET WEST BRADENTON FL 34207	Mailing Address 5318 26TH STREET WEST BRADENTON FL 34207
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2. Principal Place of Business 257 W. BRANDON BLVD	3. Mailing Address 3600 LAKE BAYSHORE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 16R-310

City & State BRANDON FL	City & State BRADENTON FL	4. FEI Number 65-1056684	Applied For <input type="checkbox"/> Not Applicable
Zip 33511	Country MISSISSIPPI	Zip 34205	Country FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LOWE, FREDERICK T
 FREDERICK T. LOWE, ESQ. P.A.
 3825 HENDERSON BLVD SUITE 605A
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BRUCE L DC 5318 26TH STREET WEST BRADENTON FL 34207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bruce L Thomas DC 4-16-01 813-685-1079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)