

# 2002 UNIFORM BUSINESS REPORT (UBR)

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FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: THOMAS CHIROPRACTIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

251 W BRANDON BLVD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

3600 LAKE BAYSHORE DR  
16R-310  
BRADENTON, FL 34205

**New Mailing Address:**

224 CHOO CHOO LANE  
VALRICO, FL 33594

FEI Number: 65-1056684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWE, FREDERICK T  
FREDERICK T. LOWE, ESQ. P.A.  
3825 HENDERSON BLVD SUITE 605A  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMAS, BRUCE L DC  
Address: 5318 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMAS, BRUCE L DC  
Address: 224 CHOO CHOO LANE  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE L THOMAS DC

D

04/23/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date