

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90376 034 ***150.00

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DOCUMENT # P00000105064

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



Principal Place of Business
**251 W BRANDON BLVD
BRANDON FL 33511**

Mailing Address
**224 CHOO CHOO LANE
VALRICO FL 33594**



2. Principal Place of Business
257 W. BRANDON BLVD

3. Mailing Address
P.O. Box 290784

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BRANDON FL

City & State
TEMPLE TERRACE

4. FEI Number **65-1056684** Applied For
Not Applicable

Zip **33504** Country **HILLSBOROUGH**

Zip **33687** Country **HILLSBOROUGH**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMAS, BRUCE L DC 224 CHOO CHOO LANE VALRICO FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS, BRUCE L DC P O BOX 290784 TEMPLE TERRACE, FL 33687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** **4-17-03** **813-244-9164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

10679467

PO 0000105064

I HAVE TEMPORARY LIVING
ARRANGEMENTS w/ NO
PERMANENT STREET ADDRESS
@ THIS TIME