

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90093 009 ***550.00

DOCUMENT # P01000018871

1. Entity Name
SHEMANSKY CHIROPRACTIC, P.A.

Principal Place of Business
25195 S TAMiami TRAIL
BONITA SPRINGS FL 34135

Mailing Address
25195 S TAMiami TRAIL
BONITA SPRINGS FL 34135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **593701954**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEMANSKY, CHIP
25195 S TAMiami TRAIL
BONITA SPRINGS FL 34135

Name **CHIP SHEMANSKY**
 Street Address (P.O. Box Number is Not Acceptable)
25195 CHAMBER OF COMMERCE DR.
 City **BONITA SPRINGS** **FL** Zip Code **34135**

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 **8/18/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D SHEMANSKY, CHIP 25195 S TAMiami TRAIL BONITA SPRINGS FL 34135	<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: SIGNATURE REQUIRED **8/18/02 (239) 948-5727**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)