

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

03-26-2002 90059 033 \*\*\*158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035869

1. Entity Name

SPACE COAST CHIROPRACTIC, INC.

Principal Place of Business

1070 S WICKHAM ROAD  
WEST MELBOURNE FL 32904

Mailing Address

1070 S WICKHAM ROAD  
WEST MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Filing Number

59-3730923

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KANCILIA, JOHN R. STORK, Richard R.  
1070 S WICKHAM ROAD 4170 Carolwood Dr.  
WEST MELBOURNE FL 32904 Melbourne, FL.  
32934

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/02

DATE

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, 2002 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

TITLE D ☒ Delete  
NAME KANCILIA, JOHN R  
STREET ADDRESS 1800 W HIBISCUS BLVD STE 138  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME Richard STORK  
STREET ADDRESS 4170 Carolwood Drive  
CITY-ST-ZIP Melbourne, FL. 32934

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME JODY A. STORK  
STREET ADDRESS 4170 Carolwood  
CITY-ST-ZIP Melbourne, FL. 32934

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 my address, with an other name empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

Daytime Phone #

CR2E034 (9/01)