

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90047 026 ***150.00

01309240 AV

DOCUMENT # P01000037269

1. Entity Name
JOSEPH G. EPLETT, D.C., P.A.



Principal Place of Business
**514 OCEAN AVE.
MELBOURNE BCH FL 32951**

Mailing Address
**514 OCEAN AVE.
MELBOURNE BCH FL 32951**

2. Principal Place of Business
429 5th AV.

3. Mailing Address

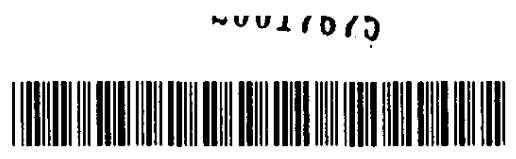
Suite, Apt. #, etc.

City & State
INDIALANTIC, FL

City & State
FL

Zip
32903

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

90-0043228

4. FEI Number **59-2497558**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901**

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 *Joseph G. Eplett*

(NOTE: Registered Agent signature required when reinstating)

DATE **1-21-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPLETT, JOSEPH G 2 ST. CLAIR ST. INDIALANTIC FL 32-9032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

Date **1-21-03** Daytime Phone # **321-733-4434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)



OGDEN UT 84201-0046

Attachment # DC. # PD1000037269

In reply refer to: 0423922223
Nov. 19, 2002 LTR 9003LO
90-0043228 200112 02 000

07436

20017675

JOSEPH G EPLETT DC PA
EPLETT CHIROPRACTIC LIFE CENTER
514 OCEAN BLVD
MELBOURNE BCH FL 32951-2524142

RECEIVED DEC 3 2002

Dear Taxpayer:

Thank you for your letter dated Sep. 26, 2002. We checked our records and found the following:

Employer Identification Number 90-0043228 was issued to Joseph G Eplett DC PA as a corporation.

Employer Identification Number 59-2497558 was issued to Joseph G Eplett as a sole proprietor.

If you are a sole owner, you should only have one employer identification number, regardless of the number of businesses you may own. However, each type of organization (for example, a partnership, a corporation, an estate or a trust) is assigned it's own number.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

If you write, please include your telephone number, the hours you can be reached and a copy of this letter. You may also want to keep a copy of this letter for your records.

Telephone Number _____ Hours _____

Sincerely yours,

Jolene Thomas

Jolene Thomas
Dept. Manager, Code & Edit/Entity 3