

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90238 041 ***150.00

DOCUMENT # **701000039063**

1. Entity Name

BANISTER CHIROPRACTIC, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4111 ATLANTIC BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3711011

Applied For

Not Applicable

Zip

32207

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LINDA BANISTER

Street Address (P.O. Box Number is Not Acceptable)

4111 ATLANTIC BLVD

City

JACKSONVILLE

FL

Zip Code

32207

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES
NAME	LINDA BANISTER, D.C.
STREET ADDRESS	4111 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	SECR. / TREAS.
NAME	HELEN PICKETTE
STREET ADDRESS	826 13th AVE., N.
CITY - ST - ZIP	JACKSONVILLE, FL 32250
TITLE	To Whom It May Concern:
NAME	This form was not
STREET ADDRESS	received until today.
CITY - ST - ZIP	Mailing asap on
TITLE	05/03/04. May 1
NAME	was on Saturday.
STREET ADDRESS	L. Banister DC
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Linda Banister DC

LINDA BANISTER, D.C.

Date

05/03/04 (904) 398-7662

Daytime Phone #

CR2E034B (12/02)