2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000054277 **DOCUMENT#**

1. Entity Name

BURNS FAMILY CHIROPRACTIC CENTER, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90152 039 ***150.00

Mailing Address MENIA AVE 6510 N ARMENIA AVE TAMPA FL 33604					,				
Principal Place of Business 3. Mailing Address					1			 	
Suite, Apt. #, etc.			 			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3723253 Applied For Not Applied For			·
Country	Zip Coul			у	5. Certificate of Status Desired		S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
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RUSH, BRIAN P ESQ 3411 W FLETCHER AVE STE B			İ	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33618									
				City			FL	Zip Cod	
	t for the purpose	of changing its	registered	d office or registe	ered ag	ent, or both, in the State of Florida	a. I am fa	miliar with,	and accept
typed or printed name of registered ag	ent and title if applicable	e. (NOTE	: Registered	Agent signature require	ed when re	sinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finance Trust Fund Contribution.	sing		0 May Be I to Fees
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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: