

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

**FILED**  
**Aug 12, 2003 8:00 am**  
**Secretary of State**

08-12-2003 90019 022 \*\*\*150.00

DOCUMENT # P01000057799

1. Entity Name

ROGER C. LEDLOW, DC PA



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3116 Capital Circle NE

Suite, Apt. #, etc.

Suite 3

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Address

3116 Capital Circle NE

Suite, Apt. #, etc.

Suite 3

City & State

Tallahassee, FL

Zip

32308

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2915371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Roger C. Ledlow

Street Address (P.O. Box Number is Not Acceptable)  
2025 Chimney Swift Hollow

City Tallahassee

FL

Zip Code  
32312

**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.

Roger C. Ledlow

(NOTE: Registered Agent signature required when reissuing)

8-8-03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~President~~  
Roger C. Ledlow, DC  
2025 Chimney Swift Hollow  
Tallahassee, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger C. Ledlow, DC

8-8-03

Date

850/668-7062

Daytime Phone #

CR2E034B (12/02)



**LEDLOW**  
CHIROPRACTIC & REHABILITATION

Attachments # 80131920  
**Dr. Roger Ledlow** Chiropractic Orthopedist  
Ph. 850-668-7062 Fax. 850-386-5795  
3116 Capital Circle N.E., Suite 3 Tallahassee, FL 32308

August 8, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: **ACCOUNT #: 59-2915371**  
**DOCUMENT #: P01000057799**

Florida Department of State:

Enclosed is our 2003 For Profit Corporation Uniform Business Report (UBR). Please note that our office relocated in January of 2003 and again on March 10 of 2003. Changes of address were made with the post office, but some of our mail was only forwarded once and not to the second address. I did not receive the preprinted form from your office, so I am following the instructions given me by Tyrone Scott in your office (245-6059) regarding the downloading of this form from your website.

Our check #1083 in the amount of \$150 made payable to the "Florida Department of State" is enclosed. I am asking that you waive the late fees due to the fact that much of our mail has not been forwarded because of two location moves in such a short period of time.

If you need any additional information, please contact me at the address and number listed above.

Thank you for your help with this matter!

Sincerely,

**ROGER C. LEDLOW, DC FACO**

rrl

Attachment: 2003 For Profit Corporation Uniform Business Report (UBR) with check #1083