2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000063970

Entity Name: SPRUCE CREEK CHIROPRACTIC, INC.

Current Principal Place of Business:

210-1C CESSNA BLVD.
DAYTONA BCH, FL 32124

New Principal Place of Business:

210-1C CESSNA BLVD.
DAYTONA BCH, FL 32128

Current Mailing Address:

210-1C CESSNA BLVD.
DAYTONA BCH, FL 32124

New Mailing Address:

210-1C CESSNA BLVD.
DAYTONA BCH, FL 32128

FEI Number: 59-3726657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERRIER, WILLIAM
1401 S. PALMETTO AVE., #107
DAYTONA BCH, FL 32114

Name and Address of New Registered Agent:

SHERRIER, WILLIAM
1401 S. PALMETTO AVE., #619
DAYTONA BCH, FL 32114

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: WILLIAM SHERRIER 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHERRIER, WILLIAM
Address: 1401 S. PALMETTO AVE., #107
City-St-Zip: DAYTONA BCH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SHERRIER PD 04/29/2002
Electronic Signature of Signing Officer or Director Date