

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90170 018 ***150.00

000748 AV

DOCUMENT # P01000066126

1. Entity Name
DAMON J. STAFFORD, D.C., P.A.



Principal Place of Business
5621 WINSTON PARK BLVD N #306
COCONUT CREEK FL 33073

Mailing Address
5621 WINSTON PARK BLVD N #306
COCONUT CREEK FL 33073



2. Principal Place of Business
9700 Wyeth Ct
Suite, Apt. #, etc.

3. Mailing Address
9700 Wyeth Ct.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Wellington Florida
Zip 33414 Country USA

City & State
Wellington FL
Zip 33414 Country USA

4. FEI Number 65-1120819
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STAFFORD, DAMON J
5621 WINSTON PARK BLVD N #306
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent
Name: STAFFORD, DAMON J.
Street Address (P.O. Box Number is Not Acceptable): 9700 Wyeth Court.
City: Wellington FL Zip Code: 33414

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: Damon J. Stafford DC DATE: 4-10-03
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, DAMON J	
STREET ADDRESS	5621 WINSTON PARK BLVD N #306	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9700 Wyeth Court	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Damon J. Stafford DC DATE: 4-10-03 561-752-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)