## **2003 FOR PROFIT CORPORATION**

P01000077013

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 



## **FILED** Mar 03, 2003 8:00 am Secretary of State

LEWIS CHIROPRACTIC, P.A.						03-03-200.	90970 02	1 ** 130	.00	
Principal Place 210 W. CENTE SEBRING FL 3	r ave.	Address CENTER AVE. 6 FL 33870	nter ave.							
2. Principal Pi	lace of Business	3. Mailing Address					<b>   </b>	?	<b>101:</b>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9	City & State				4. FEI Number 65-1129349 Applied For Not Applicab				
Zip.	Country	Zip		Country		5. Certificate of Status Desired	F	8.75 Add ee Required		
	6. Name and Address of Current	Registered	Agent			7. Name and Address of New	Registered Ag	jent		
					Name					
RHOADES, CLIFFORD R 227 N. RIDGEWOOD DR.			Street Address			(P.O. Box Number is Not Acceptable)				
SEBRING FL 33870										
				City			FL	Zip Code		
8. The above the obligation SIGNATURE	named entity submits this statement for ions of registered agent.  Signature, typed in printed hame gregistered agent	or the purpos		gistered office			orida. I am fa	miliar with,	and accept	
After	May 1, 2003 Fee will be \$550.00 Payable of Florida Department of	of State	.,			Election Campaign F     Trust Fund Contributi			O May Be to Fees	
				44		ADDITIONS/CHANGES TO OF	EICERS AND (	DIRECTORS	3 IN 11	
10 ·	OFFICERS AND	DIRECTORS		11.	TRE	ASUREK		☐ Change	Addition	
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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 true owered to execute his 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 at an address with at an address with at a powered.

**SIGNATURE:** 

SIGNATUR

*963-314-888*8