

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 027 ***150.00

DOCUMENT # P01000090309 ✓
1. Entity Name
Grant-melton Chiropractic Clinic P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1351 East Call Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 231
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL
Zip
32301 **Country**
USA

City & State
Tallahassee FL
Zip
32302 **Country**
USA

4. FEI Number
59-3745096 **Applied For**
☐ **Not Applicable**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vernon E. Sanders
Street Address (P.O. Box Number is Not Acceptable)
250 E. Sixth Avenue
City
Tallahassee **FL** **Zip Code**
32303

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.

SIGNATURE Vernon E. Sanders, CPA **DATE** 4-16-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Paul Grant</u> <u>1313 Piedmont Dr</u> <u>Tallahassee, FL 32312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>C</u> <u>Cal Melton</u> <u>3332 Thomas Butler Rd.</u> <u>Tallahassee, FL 32308</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/S</u> <u>Nan Grant</u> <u>1313 Piedmont Dr.</u> <u>Tallahassee, FL 32312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cal Melton **DATE** 4-18-02 **Daytime Phone #** (850) 878-2369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)