

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000102483

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: UNIVERSAL CHIROPRACTIC AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

3838 UNIVERSITY DRIVE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3838 UNIVERSITY DRIVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1148890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINDLAY, ROBERT
3838 UNIVERSITY DRIVE
SUNRISE, FL 33351

Name and Address of New Registered Agent:

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: _____

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: COUFAL, GEORGE
Address: 3838 UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: VPD () Delete
Name: FINDLAY, ROBERT
Address: 3838 UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: SCOTT, JAMES
Address: 3838 UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GEORGE COUFAL

PD

01/18/2002

Electronic Signature of Signing Officer or Director

Date