

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90021 016 ***158.75

DOCUMENT # P01000106526

1. Entity Name
REGENCY CHIROPRACTIC CENTER, P.A.

Principal Place of Business 1954 SOUTHSIDE BLVD JACKSONVILLE FL 32216	Mailing Address 1954 SOUTHSIDE BLVD JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3755246		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
POMPEY, HAROLD J 13810 SUTTON PARK DR #922 JACKSONVILLE FL 32224				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Harold J Pompey			NAME			
STREET ADDRESS	13810 Sutton PK Dr #922			STREET ADDRESS			
CITY-ST-ZIP	Jax FL 32224			CITY-ST-ZIP			
TITLE	Vice President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Harold J Pompey			NAME			
STREET ADDRESS	13810 Sutton PK Dr #922			STREET ADDRESS			
CITY-ST-ZIP	Jax, FL 32224			CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Harold J Pompey			NAME			
STREET ADDRESS	13810 Sutton PK Dr #922			STREET ADDRESS			
CITY-ST-ZIP	Jax, FL 32224			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Harold J. Pompey 9-6-02 (904) 725-1830
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Regency Chiropractic Center
Harold J. Pompey, D.C.

Attachments
871185
PO1000106256

September 6, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir

Enclosed please find my check in the amount of \$158.75.
This corporation did not receive a prior notice. I am requesting
that the \$400 late fee be waived.

Respectfully

Harold J Pompey
HAROLD J POMPEY, PRESIDENT