

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 011 ***150.00

DOCUMENT # PO10000112718 ✓

1. Entity Name
CARON CHIROPRACTIC, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1224 E. Concord St.

3. Mailing Address

Same

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

same

Zip

32803

Country

USA

Zip

Country

4. FEI Number

80-0038497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Same Dorian Caron

Street Address (P.O. Box Number is Not Acceptable)

515 1/2 Daniels Ave.

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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 Dorian Caron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/02

DATE

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 CEO
NAME Dorian E. Caron
STREET ADDRESS 515 1/2 Daniels Ave.
CITY-ST-ZIP Orlando FL 32801

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CR2E034B (12/01)

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: Dorian E. Caron Dorian E. Caron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 407.228.1140

Date

Daytime Phone #