

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000001377

FILED
Jan 13, 2003
Secretary of State

Entity Name: ATLANTIC BEACH CHIROPRACTIC AND WELLNESS CENTER, INC.

Current Principal Place of Business:

531 ATLANTIC BLVD., SUITE 2
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

531 ATLANTIC BLVD., SUITE 2
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 80-0022462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Change (X) Addition
Name: GAUS, DANA M
Address: 531 ATLANTIC BLVD, SUITE 2
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: DANA M. GAUS

DR

01/13/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date