

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 031 ***150.00

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DOCUMENT # P02000009562

1. Entity Name
FLORIDA CHIROPRACTIC & WELLNESS CENTER, INC.



Principal Place of Business
1400 W OAK ST. SUITE A
KISSIMMEE FL 34741

Mailing Address
824 PAUL ST
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

1400 W OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

City & State

KISSIMMEE FL

Zip

Country

Zip

Country

34741

ORLANDO

4. FEI Number

04-3600705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARMIENTO, RAY R
1731 SWEETWATER W CIR
APOPKA FL 32712

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

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

RAY SARMIENTO - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/26/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SARMIENTO, RAY R
1731 SWEETWATER W CIR
APOPKA FL 32712

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

DATE

407

944-9355

Daytime Phone #

CR2E034 (10/02)