

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 16 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018838

1. Entity Name

Barrier Island Chiropractic Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150-153rd Av

Suite, Apt. #, etc.

301

City & State

Madeira Beach, FL

Zip

33708

Country

3. Mailing Address

PO Box 8862

Suite, Apt. #, etc.

City & State

Madeira Beach

Zip

FL 33738

Country

000021629720

07/17/03--01069--015 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0003317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven C. Wilson

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

150-153rd Av. #301

City

Madeira Beach

FL

Zip Code

33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DR SC Wilson BS.DC.

6/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven C. Wilson 150-153rd Av. #301 Madera Beach, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DR SC Wilson BS.DC. 6/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

gr 746

Patrick W. Robson

Accountant

150 – 153rd Avenue, Suite 301
Madeira Beach, Fl 33708-2007
(727) 399-0385 • Fax: (727) 394-8623
E-mail: pwr91@juno.com

July 10, 2003

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

To Whom It May Concern:

Please find enclosed the 2003 UBR for Barrier Island Chiropractic Inc. Please note the change of addresses. We respectfully request renewal at the \$150 fee.

If you have any questions or comments please feel free to contact me at the above phone numbers.

Sincerely,

