

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90067 034 ***150.00

DOCUMENT # P02000049038

1. Entity Name
KEVIN K. REISECK D.C. P.A.



Principal Place of Business
6447 MIAMI LAKES DR.
STE. 206
MIAMI LAKES FL 33014

Mailing Address
6447 MIAMI LAKES DR.
STE. 206
MIAMI LAKES FL 33014



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 4625

N/A

MIAMI LAKES FLORIDA

33014

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-044-1266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REISECK, KEVIN K
6447 MIAMI LAKES DR.
STE. 206
MIAMI LAKES FL 33014

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **P** ☐ Delete
NAME **REISECK, D.C.P.A., KEVIN K**
STREET ADDRESS **6447 MIAMI LAKES DR., STE. 206**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80134316
PO2000049038

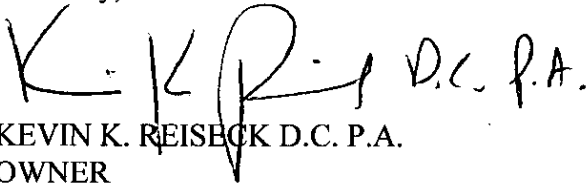
FROM: KEVIN K. REISECK D.C. P.A., INC.
6447 MIAMI LAKES DRIVE, SUITE 206
MIAMI LAKES, FL 33014
(305) 512 -4079

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILLINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302

DATE: 07/14/2003

I received the Uniform Business Report (UBR) for the first time last week by mail. I called the help desk phone number and told the gentleman that **I never received the first notice to pay** that was for \$ 150.00 instead of the now notice of \$ 550.00. He said that it was common for the government mailings of the UBR to arrive late or be sent to the wrong address, therefore, **he said to type a letter explaining that I never received this notice this year before last week and to send a \$ 150.00 check with the letter.** Thank You.

Sincerely,


KEVIN K. REISECK D.C. P.A.
OWNER