

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 020 ***150.00

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

70054497

DOCUMENT #P02000085725

1. Entity Name

Community Chiropractic Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 E. 6th Street

Suite, Apt. #, etc.

3. Mailing Address

601 E. 6th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

54-2069512

Applied For

Not Applicable

Zip

32401

Country

US

Zip

32401

Country

US

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Juchniewicz

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

2583 Huntcliff Ln.

City

Panama City

FL

Zip Code

32405

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
President
Richard Hulse
2516 Shady Oak Court
Panama City Beach, FL 32408

TITLE
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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:

Richard Hulse

4-30-03

Date

Daytime Phone #

CR25543 (12/02)