

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90075 025 \*\*\*550.00

0107285 AV

DOCUMENT # P02000108211

1. Entity Name  
REGENCY CHIROPRACTIC CLINIC, INC.



Principal Place of Business  
815 N. PINE HILLS ROAD  
ORLANDO FL 32808  
US

Mailing Address  
815 N. PINE HILLS ROAD  
ORLANDO FL 32808  
US

2. Principal Place of Business

3954 VERSAILLES DR  
Suite, Apt. #, etc.

3. Mailing Address

3954 VERSAILLES DR  
Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip Country  
32808 ORANGE

City & State  
ORLANDO, FL

Zip Country  
32808 ORANGE

4. FEI Number  
01-0746656

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

PIERCE, JOHN G  
800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name HUSBANDS, JUDY  
Street Address (P.O. Box Number is Not Acceptable)  
3954 VERSAILLES DR.  
City ORLANDO FL Zip Code 32808

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. Judy Husbands

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUDY HUSBANDS 3954 VERSAILLES DR. ORLANDO, FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dr. Judy Husbands

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03 (407) 872-7260

Date

Daytime Phone #

CR2E034 (10/02)