

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

City & State
ORLANDO, FL

Zip
32808

Country
ORANGE

Zip
32808

Country
ORANGE

4. FEI Number
01-0746656

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date: 8/8/03 Daytime Phone #: (407) 872-7260

CR2E034 (10/02)