

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90134 014 ***150.00

DOCUMENT # P02000110839

1. Entity Name
FAMILY FOCUS CHIROPRACTIC, INC.



Principal Place of Business
1409 NE 22 AVENUE
OCALA FL 34470

Mailing Address
1409 NE 22 AVENUE
OCALA FL 34470

2. Principal Place of Business
221 WEST MAIN ST
Suite, Apt. #, etc.

3. Mailing Address
221 WEST MAIN ST.
Suite, Apt. #, etc.

City & State
INVERNESS FL
Zip
34452
Country

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INVERNESS FL
Zip
34452
Country

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOGUREN, GEORGE
1409 NE 22 AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent

Name
NICHOLAS PLESKOVICH
Street Address (P.O. Box Number is Not Acceptable)
221 WEST MAIN ST.
City
INVERNESS FL Zip Code
34452

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 *X Nicholas C Pleskovich*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

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 | Delete |
|-------|---------------------|-------------------|----------------|-------------------------------------|
| | D SOLOGUREN, GEORGE | 1409 NE 22 AVENUE | OCALA FL 34470 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------------|-------------------|--------------------|--------------------------|-------------------------------------|
| | P D NICHOLAS PLESKOVICH | 221 WEST MAIN ST. | INVERNESS FL 34452 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *X Nicholas C Pleskovich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 (352) 637-6175

CR2E034 (10/02)