

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90125 023 ***150.00

DOCUMENT # P02000111668

1. Entity Name
PARADISE CHIROPRACTIC INC.



Principal Place of Business
**27229 GASPARILLA DR.
BONITA SPRINGS FL 34135**

Mailing Address
**27229 GASPARILLA DR.
BONITA SPRINGS FL 34135**



2. Principal Place of Business
**3465 BONITA BEACH ROAD,
Suite # 6**

3. Mailing Address
**27229 GASPARILLA DR.
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
50-0006976

Applied For
☐ Not Applicable

Zip Country
34134-4127 USA

Zip Country
34135-4310 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WITTIG, RICHARD J SR.
5654 INNERARITY CIRCLE
PENSACOLA FL 32507~~
**DAVID A. WITTIG
27229 GASPARILLA DR.
BONITA SPRINGS, FL 34135**

Name **DAVID A. WITTIG**
Street Address (P.O. Box Number is Not Acceptable) **27229 GASPARILLA DR.**
City **BONITA SPRINGS** FL **34135**

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. David A. Wittig, D.C. PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

APRIL 7, 2003
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITTIG, DAVID A 27229 GASPARILLA DR. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITTIG, RICHARD J SR. 27229 GASPARILLA DR. BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITTIG, JUDITH A 27229 GASPARILLA DR. BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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. David A. Wittig, D.C.**
SIGNATURE AND TYPED NAME OF REGISTERED AGENT

APRIL 7, 2003 239992-3000
Date Daytime Phone #

CR2E034 (10/02)