FILED

03 FEB -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133457

1. Entity Name
SILVER STAR CHIROPRACTIC CLINIC, INC.

000012779120
02/19/03--01008--030 **150.00

Principal Place of Business	Mailing Address
6906 COLONY OAKS LANE ORLANDO, FL 32818	6906 COLONY OAKS LANE ORLANDO, FL 32818

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1222 PINE HILLS RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32808 Country: USA	Zip 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	7. Name and Address of New Registered Agent
PREVILUS, JEAN N 6906 COLONY OAKS LANE ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Jean N Previlus 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing) DATE

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	D PREVILUS, JEAN N 6906 COLONY OAKS LANE ORLANDO, FL 32818	☐ Delete	D + P	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILLAUME, FREDERIC M 2015 ERVING CIRCLE, #203 OCOEE, FL 34761	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VICEPRESIDENT + TREASURER WISNEL MAUREPAS 1203 WEST SIDE DR. WINTER GARDEN, FL 34787	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SECRETARY JEAN PAUL PREVILUS 6245 KEITER LANE ORLANDO, FL 32808	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/02)

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: Jean N Previlus JEAN N. PREVILUS 2/3/03 407-489-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #