

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90017 013 ***150.00

DOCUMENT # P0300012278

1. Entity Name

Edward D. Vickers, Sr., B.S., D.C., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 W. Ventura Avenue

Suite, Apt. #, etc.

3. Mailing Address
905 W. Ventura Avenue

Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

4. FEI Number 13-4246497

Applied For
☐ **Not Applicable**

Zip
33440

Country
USA

Zip
33440

Country
USA

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

7. Name and Address of Current Registered Agent

Name Vickers, Edward D., Sr.

Street Address (P.O. Box Number is Not Acceptable)

905 W. Ventura Avenue

City Clewiston

FL **Zip Code** 33440

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 P.S.T.D.
NAME Vickers, Edward D., Sr.
STREET ADDRESS 905 W. Ventura Avenue
CITY - ST - ZIP Clewiston, FL 33440

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward D. Vickers Sr.
Edward D. Vickers Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2004

863-983-8391

Date

Daytime Phone #