

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007938

1. Entity Name

GULFVIEW CHIROPRACTIC OF CRYSTAL RIVER, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90017 012 ***150.00

643790



DO NOT WRITE IN THIS SPACE

Principal Place of Business 760 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US	Mailing Address 760 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US
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2. Principal Place of Business 8317 U.S. HWY 19 Suite, Apt. #, etc.	3. Mailing Address 8317 U.S. HWY 19 Suite, Apt. #, etc.
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City & State PORT RICHEY FL	City & State PORT RICHEY FL
Zip 34668	Country PASCO

4. FEI Number 59-3165412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALLEY, CHARLES F. 8317 US HWY 19 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVP HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LACHANCE, JOSEPH 7736 W. HILLSBOROUGH AVE. TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *[Signature]* 4/16/01 7278474611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)