## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000027768

DAVID D. LANGHEIER, D.C., P.A.

## FILED May 31, 2000 8:00 am Secretary of State 05-31-2000 90044 029 \*\*\*150.00

Principal Plac	e of Business		Mailing Address							
SUITE 102			30043 US 19 N #131					1	•	
LEAKWATEK F	-L 33/61	•	CLEARWATER FL 33761-100	32		1 <b>2001(8)</b> 0 110 1		ARMA ARMI MAN	)   1881: 18828 &	OBL 1611 1661
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. 1	4. FEI Number 59-2884430 Applied For Not Applicable				
Zip	Cou	untry	Zip	Country	5. (	Certificate of S	Status Desired		8.75 Ade	ditional ed
	6. Name and	Address of Current Re	gistered Agent		7. 1	Name and Ad	ldress of New R	egistered A	gent	
	GHEIER, DAVID ( 50 US 19 N	)		Street Address (P.O. Box Number is Not Accept			Not Acceptable	·)	<u>t</u>	
->SUIT	E-102	-				<u>-</u> .			1-1-	
CLE/	arwater fl 34	621	City					FL	Zip Coc	le
	4		<del></del>				<u></u>			
8. The above	named entity subn	nits this statement for th	e purpose of changing its	registered office or re	gistered ag	ent, or both, i	n the State of Flo	orida.	· •	
SIGNATURE.	Signature, typed or printe	d name of registered agent and	itle if applicable. (NOT	E Registered Agent signature	equired when re	einstating)	 	DATE	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta				on Campaign Fir Fund Contributio			00 May Be d to Fees
11.	£-	OFFICERS AND DIF	RECTORS	12.	AC	DDITIONS/CH	IANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	D LANGHEIER, D 30043 US 19 N		☐ Delete	TITLE NAME STREET ADDRESS			-		☐ Change	Addition
CITY-ST-ZIP CLEARWATER FL 34612				CITY-ST-ZIP		- •			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- : :		Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				•	Change	☐ Addition

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 ether like empowered.

SIGNATURE:

Daytime Phone #