

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000049681

FILED
Apr 30, 2003
Secretary of State

Entity Name: CHIROPRACTIC ONE, INC.

Current Principal Place of Business:

4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3190383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCCO, DOMINIC G JR
2220 HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOCCO, RICHARD J
Address: 4401 S. ORANGE AVE. #117
City-St-Zip: ORLANDO, FL 32806

Title: VP (X) Delete
Name: BOCCO, JULIE K
Address: 4401 S ORANGE AVE., #117
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J BOCCO

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date