

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 SEP 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000035001

1. Entity Name
JAMES V. GAREMORE, JR., D.C., P.A.

Principal Place of Business 8720 SW STATE RD 200 STE 8 OCALA FL 34481 US	Mailing Address 8720 SW STATE RD 200 STE 8 OCALA FL 34481 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3251571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAREMORE, JR., JAMES V
8720 SW STATE RD 200
SUITE 8
OCALA FL 34481**

7. Name and Address of New Registered Agent

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 _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAREMORE, JAMES V JR 8720 SW STATE RD 200 STE 8 OCALA FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100007735481--8 -09/13/02--01052--025 ****150.00 ****150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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 empowered.

SIGNATURE: *James V. Garemore, Jr.* **JAMES V. GAREMORE, JR., D.C.** 9/4/02 (352) 854-6780

CR2E034 (4/02)

Attachment



#P94 000035001

DR. JAMES V. GAREMORE, JR.
GAREMORE CHIROPRACTIC OFFICE
8720 S.W. State Road 200 • Suite 8
Ocala, Florida 34481
352/854-6780

September 04, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

This letter is a request to wave the late filing fee attached to the 2002 Uniform Business Report due earlier this year. In explanation, I am a Doctor of Chiropractic running a small business in southwest Ocala. The population in my practice is primarily elderly and most of my practice is dependent on Medicare.

In March, 2002 Medicare switched to a new computer system. Unexpected complications and errors created a nightmare of Medicare not processing claims properly for months. My family and I struggled to get by, living on credit cards. I am just now beginning to catch up on my rent, credit card payments and other bills (both business and personal.) The whole ordeal nearly bankrupted us.

Now, in an effort to continue to dig myself and my business out of this hole, I am asking you to accept the enclosed check for \$150.00 as payment in full for the 2002 UBR.

Thank you very much for your consideration in this matter. Feel free to contact me at my office at (352) 854-6780 if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. James V. Garemore, Jr.", written in a cursive style.

Dr. James V. Garemore, Jr.