

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040172

1. Entity Name

NEW LIFE CHIROPRACTIC, P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90075 008 ***150.00

Principal Place of Business

Mailing Address

~~33365 US HWY 19N~~
8 BRIDIE LANE
PALM HARBOR FL 34684
US

~~33365 US HWY 19N~~
8 BRIDIE LANE
PALM HARBOR FL 34684-3128
US

904693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5 BIRDIE LANE
Suite, Apt. #, etc.
PALM HARBOR

5 BIRDIE LANE
Suite, Apt. #, etc.

City & State

City & State

FL

PALM HARBOR, FL

Zip 34683

Country

US

Zip 34683

Country

US

4. FEI Number

59-3242226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTIER, FRANCE DR.
33385 US HWY 19 N
5 BIRDIE LANE
PALM HARBOR FL 34683

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.

SIGNATURE

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

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTIER, FRANCE DR.	
STREET ADDRESS	5 BIRDIE LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGALL, RICK DR.	
STREET ADDRESS	5 BIRDIE LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-00 727-736-6998

Date

Daytime Phone #

CR2E034 (9/99)