

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010472

1. Entity Name  
**TRINITY CHIROPRACTIC, P.A.**



Principal Place of Business  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109

Mailing Address  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109

2. Principal Place of Business

2515 Northbrooke Plaza Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Address

2515 Northbrooke Plaza Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip

34119

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0564477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOMAN, GREG  
11905-C N. TAMiami TRAIL  
NAPLES, FL 33963

7. Name and Address of New Registered Agent

Name Greg Loman

Street Address (P.O. Box Number is Not Acceptable)

2515 Northbrooke Plaza Dr.

Suite 200

Naples

FL

Zip Code

34119

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME LOMAN, GREG  
STREET ADDRESS 11905-C N. TAMiami TRAIL  
CITY-ST-ZIP NAPLES, FL 33963

TITLE ☐ Delete  
NAME CHAPMAN, SHERRI  
STREET ADDRESS 11905-C N. TAMiami TRAIL  
CITY-ST-ZIP NAPLES, FL 33963

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200020531122  
06/04/03--01062--012 \*\*200.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

Sherrri Chapman 4/20/03 (239) 597-6099

Date

Daytime Phone #

CR2E034 (10/02)