

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034374

1. Entity Name

WITH HANDS ONLY CHIROPRACTIC, P.A.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 025 ***150.00

Principal Place of Business 3710 WEST EUCLID AVENUE TAMPA FL 33629	Mailing Address 3710 WEST EUCLID AVENUE TAMPA FL 33629-8725
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2. Principal Place of Business 1310 S. HOWARD AVE.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33629 Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312345	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 MOORE, COLIN ROBERT DR. 3710 WEST EUCLID AVENUE TAMPA FL 33629	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1310 S. HOWARD AVE. City TAMPA FL Zip Code 33629	

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 DR. COLIN MOORE 1/31/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOORE, COLIN ROBERT DR. 3710 WEST EUCLID AVENUE TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1310 S. HOWARD AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOORE, ANNIE 3710 WEST EUCLID AVENUE TAMPA FL 33629	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: DR. COLIN MOORE 1/31/00 813-253-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #