

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 009 ***150.00

DOCUMENT # **P95000053771**

1. Entity Name

CHIROPRACTIC ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

**2998 Lyndebrooke Ct.
 Fallston, MO 21047**

**16644 Valley Drive
 Tampa, FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1944676

Address For

Not Addressed

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEARD, ROBERT G., JR.
 16644 Valley Drive
 Tampa, FL 33618**

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

This corporation is eligible to satisfy its intangible
 filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS:

TITLE	PTO	☐ Delete
NAME	AUGUSTINE, LINDA J	
STREET ADDRESS	2998 Lyndebrooke Ct.	
CITY- ST- ZIP	Fallston, MO 21047	
TITLE	SD	☐ Delete
NAME	BEARD, ROBERT G., JR.	
STREET ADDRESS	16644 Valley Dr.	
CITY- ST- ZIP	Tampa, FL 33618	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

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

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, changed, or on an attachment with address, with other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

Robert G. Beard, Jr.

4/29/2002

813/963-0251