

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90081 040 \*\*\*150.00

**DOCUMENT # P95000064978**

1. Entity Name

AATAVIC CHIROPRACTIC CENTER, INC.

Principal Place of Business

3500 E FLETCHER AVE  
 STE 204  
 TAMPA FL 33613  
 US

Mailing Address

3500 E FLETCHER AVE  
 STE 204  
 TAMPA FL 33613  
 US

92180



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |                                |
|--------------------------------|---------|---------------------|---------|----------------------------------|--------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    | Applied For                    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 65-0603242                       | Not Applicable                 |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Zip                            | Country | Zip                 | Country | <input type="checkbox"/>         |                                |

## 6. Name and Address of Current Registered Agent

KABARIA, HARSHA  
 3500 E FLETCHER AVE STE 204  
 TAMPA FL 33613

## 7. Name and Address of New Registered Agent

Name: RAJU, R.G.

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

8910 N. DALE MARY, STE # 37/38

City: TAMPA

FL

Zip Code 33614

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KABARIA, HARSHA<br>3500 E FLETCHER AVE STE 204<br>TAMPA FL 33613<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KABARIA, VIPUL V<br>3500 E FLETCHER AVE STE 204<br>TAMPA FL 33613<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

HARSHA KABARIA

4/5/02

813-631-8686

Date

Daytime Phone #

CR2E034 (9/01)