

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90374 023 ***150.00

DOCUMENT # P95000069969

1. Entity Name

ORLIN FAMILY CHIROPRACTIC CENTER, P.A.

Principal Place of Business

**724-102 AVE NORTH
 NAPLES FL 34108**

Mailing Address

**724-102 AVE NORTH
 NAPLES FL 34108**

2. Principal Place of Business

**2017 S. Ocean Dr.
 Suite, Apt. #, etc. 607**

3. Mailing Address

**2017 S. Ocean Dr
 Suite, Apt. #, etc. 607**



DO NOT WRITE IN THIS SPACE

City & State **Hallandale FL 33009**
 Zip **33009** Country **US**

City & State **Hallandale, FL**
 Zip **33009** Country **US**

4. FEI Number **65-0600302**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ORLIN, MARJORIE R.
 724-102 AVE NORTH
 #105
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **MARJORIE R. ORLIN DC**
 Street Address (P.O. Box number is Not Applicable)
2017 S. Ocean Dr #607
 City **Hallandale** FL **33009**

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 **MARJORIE R. ORLIN DC** **4-1-02**
 Signature of officer or director of the corporation or other person authorized to execute this report (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

TITLE	D <input type="checkbox"/> Delete
NAME	ORLIN, MARJORIE R DR.
STREET ADDRESS	724-102 AVE NORTH
CITY-ST-ZIP	NAPLES FL 34108
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLIN, MARJORIE R. DR.
STREET ADDRESS	2017 S. Ocean Dr. #607
CITY-ST-ZIP	Hallandale, FL 33009
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: **MARJORIE R. ORLIN DC** **4-1-02** **903.445.2658**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)