2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P95000087346 1. Entity Name PHILIP D. SCHTUPAK, D.C., P.A. 04-20-2001 90018 034 ***150.00 Principal Place of Business Mailing Address 1848 NOB HILLROAD 1446 MIRA VISTA CIRCLE APT. 1510 APT, 1510 PLANTATION FL 33322 FORT LAUDERDALE FL 33327 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0619155 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHTUPAK, PHILIP D. Street Address (P.O. Box Number is Not Acceptable) 1446 MIRA VISTA CIRCLE FORT LAUDERDALE FL 33327 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE TITLE SCHTUPAK, PHILIP D. NAME NAME 2663 Edgewater Drive weston, Florida 33332 STREET ADDRESS 1446 MIRA VISTA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete ☐ Addition STD TITLE TITLE 2663 Edgewater Drive Westen, Florida 33332 SCHTUPAK, LISA I. NAME NAME STREET ADDRESS STREET ADDRESS 1446 MIRA VISTA CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change Addition: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

- SchTupak hesidat 4-13-20d (45

FILED