

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90140 020 ***150.00

REGISTRATION AT

DOCUMENT # P96000025546

1. Entity Name

PERRY CHIROPRACTIC CENTER, INC.

Principal Place of Business

**200 WEST CAMINO ROAD
 BOCA RATON FL 33432**

Mailing Address

**PO BOX 970685
 COCONUT CREEK FL 33097-0685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0659898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, EDITH E
 8977 WILES RD. #306
 CORAL SPRINGS FL 33067**

Name **Perry, Edith E**

Street Address (P.O. Box Number is Not Acceptable) **950 Ponce de Leon Rd. #510**

City **Boca Raton**

FL

Zip Code **33432**

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

Edith E. Perry **Edith E. Perry**

1/29/02

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 **P** ☐ Delete
 NAME **PERRY, RONALD M**
 STREET ADDRESS **8977 WILES RD. #306**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **P** ☒ Change ☐ Addition
 NAME **Perry, Ronald M**
 STREET ADDRESS **950 Ponce de Leon Rd #510**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VP** ☐ Delete
 NAME **PERRY, EDITH EGYED**
 STREET ADDRESS **8977 WILES RD. #306**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Perry, Edith E.**
 STREET ADDRESS **950 Ponce de Leon Rd #510**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Edith E. Perry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

561 361 0905
 Daytime Phone #

CR2E034 (9/01)