

2060 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 013 ***150.00

DOCUMENT # P96000051015

1. Entity Name

PLANTATION CHIROPRACTIC CENTER, INC.

Principal Place of Business

Mailing Address

1417 S UNIVERSITY DR
 PLANTATION FL 33324

1417 S UNIVERSITY DR
 PLANTATION FL 33324-4017

2. Principal Place of Business

1417 S University dr.

Suite, Apt. #, etc.

3. Mailing Address

1417 S University dr.

Suite, Apt. #, etc.

City & State

PLANTATION, FLA

Zip

33324

Country

U.S.A.

City & State

Plantation Fla.

Zip

33324

Country

U.S.A.

4. FEI Number

65-0680095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PENJEVIC, RADOMIR
 1417 S UNIVERSITY DR
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

(Typed or printed name of registered agent and title if applicable)

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, 2000 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 ☐ Delete
 NAME PENJEVIC, RADOMIR
 STREET ADDRESS 4971 SW 94TH AVE
 CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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, upon an attachment with an address, with all other like employment.

SIGNATURE:

Radomir Penjevic

04-25-03