

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 023 ***150.00

DOCUMENT # P96000070277

1. Entity Name
KEITH L. VOLSTAD, D.C., P.A.

Principal Place of Business 3079 S.W. MARTIN DOWNS BLVD. CITY FL 34990	Mailing Address 3079 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990-2644
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3233 S.W. POET ST LUCIE BLVD Suite, Apt. #, etc.	3. Mailing Address PO BOX 32094 Suite, Apt. #, etc.
City & State POET ST LUCIE FL	City & State PALM BEACH GARDENS FL
Zip 34953	Country
Zip 33420	Country

4. FEI Number 65-0687985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VOLSTAD, KEITH L
 3079 S.W. MARTIN DOWNS BLVD.
 PALM CITY FL 34990**

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 **KEITH L VOLSTAD** (NOTE: Registered Agent signature required when reinstating) DATE **1/10/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	D VOLSTAD, KEITH L 3079 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLSTAD, DENISE M 3079 SW MARTIN DOWNS BLVD PALM CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 32094 PALM BEACH GARDENS FL 33420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 32094 PALM BEACH GARDENS FL-33420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **KEITH L VOLSTAD** DATE **1/10/00** DAYTIME PHONE # **5613407246**

CR2E034 (9/99)