

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90011 038 ***150.00

DOCUMENT # P97000000458
1. Entity Name
FT. MYERS CHIROPRACTIC AND NUTRITION CENTER, INC

Principal Place of Business
1429 COLONIAL BLVD
FT MEYERS FL 33907

Mailing Address
5516 MONTILLA DR.
FT. MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1429 Colonial Blvd.
Suite 101
Ft. Myers, FL
33907 USA

4. FEI Number **65-0716125**
 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

PRICE, BRAD
5516 MONTILLA DR.
FT MEYERS FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, BRAD	
STREET ADDRESS	5516 MONTILLA DR	
CITY-ST-ZIP	FT MEYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAROL Z PRICE	
STREET ADDRESS	5516 MONTILLA DR	
CITY-ST-ZIP	FT MEYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4.25.02 **941.939.3378**
 Date Daytime Phone #

CR2E034 (9/01)