

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004278

1. Entity Name

WESLEY CHAPEL CHIROPRACTIC, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90010 014 ***150.00

Principal Place of Business

Mailing Address

26650 SR 54
P.O. BOX 7515
WESLEY CHAPEL FL 33543

P.O. BOX 7515
WESLEY CHAPEL FL 33543-7515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27212 Foamflower Blvd.

Suite, Apt. #, etc.

Wesley Chapel, FL 33543

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3326310

Applied For

Not Applicable

Zip

Country

Zip

Country

33544

USA

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

REDWOOD, WAYNE

26650 SR 54

LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

27212 Foamflower Blvd

Wesley Chapel

City

FL

Zip Code

33544

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS REDWOOD, ALIYA M
CITY-ST-ZIP 26650 SR 54
WESLEY CHAPEL FL 33543

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REDWOOD, WAYNE
CITY-ST-ZIP 26650 SR 54
WESLEY CHAPEL FL 33543

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Aliya M. Redwood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

813 973 2261
Daytime Phone #

CR2E034 (9/99)