2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90306 032 ***150.00

DOCUMENT # P97000004278

1. Entity Name
WESLEY CHAPEL CHIROPRACTIC, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
27210 Foamflower Blvd		27210 Foamflower Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Wesley Chapel, FL		City & State: Wesley Chapel, FL	
Zip: 33544	Country: Pasco	Zip: 33544	Country: Pasco

4. FEI Number 59-3326310 ☐ 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
REDWOOD, WAYNE 26650 SR 54 LUTZ FL 33549	Name Street Address (P.O. Box Number is Not Acceptable) 27210 Foamflower Blvd City Wesley chapel 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] Wayne Redwood 4/18/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDWOOD, ALIYA M 26650 SR 54 WESLEY CHAPEL FL 33543 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 27210 Foamflower Blvd Wesley Chapel, FL 33544
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDWOOD, WAYNE 26650 SR 54 WESLEY CHAPEL FL 33543 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 27210 Foamflower Blvd Wesley Chapel, FL 33544
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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] ALIYA REDWOOD 4/18/01 813-973-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)