

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90070 048 ***150.00

DOCUMENT # P97000028202

1. Entity Name

WORLD EXECUTIVE CHIROPRACTIC CENTER, PROFESSIONAL ASSOCIATION

Principal Place of Business

~~10240 W SAMPLE RD
 SUITE A
 CORAL SPRINGS FL 33065
 US~~

Mailing Address

~~10240 W SAMPLE RD
 SUITE A
 CORAL SPRINGS FL 33065
 US~~

2. Principal Place of Business

**6412 N University Dr.
 Suite 102
 Tamarac, FL**

3. Mailing Address

**6412 N University Dr.
 Suite 102
 Tamarac, FL**



DO NOT WRITE IN THIS SPACE

Zip **33321**

Country **USA**

Zip **33321**

Country **USA**

4. FEI Number **65-0749100**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAPP, BRUCE D.C.
 10240 W. SAMPLE RD
 SUITE A
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **Rapp, Bruce D.C.**
 Street Address (P.O. Box Number is Not Acceptable) **6412 N University Drive**
Suite 102
 City **Tamarac** FL Zip Code **33321**

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 **Bruce A. Rapp, D.C. President, Director**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/20/02
 DAY

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RAPP, BRUCE D.C.**
 STREET ADDRESS **10240 W SAMPLE RD, SUITE A**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Rapp, Bruce D.C.**
 STREET ADDRESS **6412 N University Dr., #102**
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Bruce A. Rapp, D.C. Director**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 **954-730-2020**
 Date Daytime Phone #

CR2E034 (9/01)