

2002 UNIFORM BUSINESS REPORT (UBR)

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. 6412 N University Dr.
Suite 102 Suite 102

3. Mailing Address

Suite, Apt. #, etc.
102

City & State

Tamarac, FL

Zip

33321

Country

USA

City & State

Tamarac, FL

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

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 Rapp, D.C. Signature, typed or printed name of registered agent and title if applicable.

Bruce A. Rapp, D.C. President, Director

DATE

1/20/02

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Rapp, Bruce D.C.
6412 N University Dr., #102
Tamarac, FL 33321

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Delete

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CITY-ST-ZIP

Change Addition

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Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Bruce A. Rapp, D.C.* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

02-11-2002 90070 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

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