

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/28/2003-90143-021-\$150.00-\$150.00

011563 AV

DOCUMENT # P97000028572

1. Entity Name  
HANNA CHIROPRACTIC, PA



03 AUG 29 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
617 TAMiami TRAIL S.  
VENICE FL 34285

Mailing Address  
617 TAMiami TRAIL S.  
VENICE FL 34285



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0758208

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PREWETT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SAFASOTA FL 34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stephen C. Hanna*

8/27/03

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTDS  
HANNA, STEPHEN C  
617 TAMiami TRAIL S.  
VENICE FL 34285 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400022668374  
08/29/03--01072--005 \*\*400.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen C. Hanna* **STEPHEN C. HANNA, D.C.**

07/25/2003 941/488-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

21 9/2