2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044343

1. Entity Name

ZUK CHIROPRACTIC CENTER, INC.

33000503

Principal Place of Business	Mailing Address
3512 DEL PRADO BOULEVARD	3512 DEL PRADO BOULEVARD
SUITE 112	SUITE 112
CAPE CORAL FL 33904	CAPE CORAL FL 33904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0752497	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
	Name
ZUK, JAMES S DR.	Street Address (P.O. Box Number is Not Acceptable)
3512 DEL PRADO BOULEVARD	
SUITE 112	
CAPE CORAL FL 33904	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZUK, JAMES S DR.		NAME		
STREET ADDRESS	3814 S.E. 1ST PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)