

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90039 038 ***150.00

DOCUMENT # P97000056437

1. Entity Name
BOUCHER CHIROPRACTIC, P.A.

Principal Place of Business

620 BARNES BLVD
ROCKLEDGE FL 32955

Mailing Address

620 BARNES BLVD
ROCKLEDGE FL 32955

2. Principal Place of Business

BOUCHER CHIROPRACTIC, P.A.
 Suite, Apt. #, etc.
3826 Murrell Road

City & State **Rockledge, FL 32955**

3. Mailing Address

BOUCHER CHIROPRACTIC, P.A.
 Suite, Apt. #, etc.
3826 Murrell Road

City & State **Rockledge, FL 32955**

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOUCHER, D.C.B SC.
~~**620 BARNES BLVD**~~
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name **Matthew N. Boucher D.C., B.Sc.**
 Street Address (P.O. Box Number is Not Acceptable)
BOUCHER CHIROPRACTIC, P.A.
3826 Murrell Road
Rockledge, FL 32955
 City 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.

SIGNATURE

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, 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 **BOUCHER, MATTHEW DC**
 STREET ADDRESS **620 BARNES BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **3826 Murrell Rd.**
 STREET ADDRESS **Rockledge Fl. 32955**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)