

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90092 002 ***150.00

DOCUMENT # P97000065956

1. Entity Name
WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

Principal Place of Business
**5436 MAIN ST
 NEW PORT RICHEY FL 34652**

Mailing Address
**PO BOX 39
 ELFERS FL 34680**

CU04083J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4484 Summerlake DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY

City & State

4. FEI Number **59-3459679**

Applied For
 Not Applicable

Zip
34653

Country
PASCO

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

**MAJORANA, JAMES DC
 5436 MAIN ST
 NEW PORT RICHEY FL 34652**

Name
MAJORANA JAMES DC
 Street Address (P.O. Box Number is Not Acceptable)
4484 Summerlake DR.
 City
NEW PORT RICHEY FL 34653

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P MAJORANA, DR. JAMES D 4484 SUMMERLAKE DRIVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAJORANA, CONSTANCE 4484 SUMMERLAKE DRIVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Constance E Majorana** **CONSTANCE E Majorana 3/29/01 3763443**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)