

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000077547

FILED  
Jan 04, 2002 8:00 AM  
Secretary of State

**Entity Name:** ADVANCED COMFORT PAIN CONTROL, INC.

## Current Principal Place of Business:

1 SHARON TERR  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

1 SHARON TERRACE  
ORMOND BEACH, FL 32174

## Current Mailing Address:

PO BOX 1508  
ORMOND BEACH, FL 321751508

## New Mailing Address:

FEI Number: 59-3459925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCOEUR, JERI H  
1 SHARON TERR  
ORMOND BEACH, FL 32174      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FRANCOEUR, JERI H  
Address: 1 SHARON TERR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: FRANCOEUR, PAUL R  
Address: 1 SHARON TERR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete  
Name: HOLLAND, BETTY J  
Address: 517 NW 36 ST  
City-St-Zip: GAINESVILLE, FL 32607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: FRANCOEUR, JERI H  
Address: 1 SHARON TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change ( ) Addition  
Name: FRANCOEUR, PAUL R  
Address: 1 SHARON TERRACE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERI H FRANCOEUR

DP

01/04/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date