

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90337 042 \*\*\*150.00

**DOCUMENT # P97000077547**

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



**Principal Place of Business**  
**1 SHARON TERRACE**  
**ORMOND BEACH FL 32174**

**Mailing Address**  
**PO BOX 1508**  
**ORMOND BEACH FL 32175-1508**

**2. Principal Place of Business**

**1501 RIDGEWOOD AVE**  
**Suite, Apt. #, etc.**  
**201**

**3. Mailing Address**

**PO BOX 1508**  
**Suite, Apt. #, etc.**

**City & State**  
**HOLLY HILL, FL**

**City & State**  
**ORMOND BEACH, FL**

**Zip**  
**32117**

**Country**  
**VOLUSIA**

**Zip**  
**32175**

**Country**  
**VOLUSIA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
**59-3459925**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ **Delete**  
**NAME** **FRANCOEUR, JERI H**  
**STREET ADDRESS** **1 SHARON TERRACE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

**TITLE** **VP** ☐ **Delete**  
**NAME** **FRANCOEUR, PAUL R**  
**STREET ADDRESS** **1 SHARON TERRACE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

**TITLE** **ST** ☒ **Delete**  
**NAME** **HOLLAND, BETTY J**  
**STREET ADDRESS** **517 NW 36 ST**  
**CITY-ST-ZIP** **GAINESVILLE FL 32607**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JERI FRANCOEUR**  
**1-13-03**  
**386**  
**615-4490**

CR2E034 (10/02)