

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077842

1. Entity Name

TIM D. CHAPMAN D.C. P.A.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90019 005 ***150.00

Principal Place of Business

Mailing Address

3104 17TH ST
ST CLOUD FL 34769

3104 17TH ST
ST CLOUD FL 34744-5836

2. Principal Place of Business

1410 W. Broadway

3. Mailing Address

1410 W. Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 107

City & State

City & State

Oviedo FL

Oviedo FL

Zip

Country

U.S.

Zip

Country

U.S.

32765

32765

4. FEI Number

59-3468270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, TIM
3104 17TH ST
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

Dr. Tim Chapman

Street Address (P.O. Box Number is Not Acceptable)

1410 W. Broadway Suite 107

City

FL

FL

Zip Code

32765

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

Tim D. Chapman D.C. P.A. 3-20-00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS CHAPMAN, TIM D
CITY-ST-ZIP 3104 17TH STREET
ST CLOUD FL 32769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Dr. Tim D Chapman
CITY-ST-ZIP 1410 W. Broadway Ste 107
Oviedo FL 32765

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Tim D. Chapman D.C. P.A. 3-20-00 407 925 6536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)