

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
 Suite, Apt. #, etc.
 Suite 107

3. Mailing Address

1410 W. Broadway
 Suite, Apt. #, etc.
 Suite 107

City & State

Oviedo FL

City & State

Oviedo FL

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 Oviedo 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. (NOTE: Registered Agent signature required when reinstating) DATE 3-20-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CHAPMAN, TIM D	3104 17TH STREET	ST CLOUD FL 32769	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Dr. Tim D Chapman	1410 W. Broadway Ste 107	Oviedo FL 32765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Tim D. Chapman D.C. P.A. DATE 3-20-00 DAYTIME PHONE # 407 925 6536

CR2E034 (9/99)