

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084267

1. Entity Name  
GULF SHORE CHIROPRACTIC, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90033 010 \*\*\*150.00

Principal Place of Business

2332 PINE RIDGE RD  
NAPLES FL 34109  
US

Mailing Address

2332 PINE RIDGE ROAD  
NAPLES FL 34109

2. Principal Place of Business

3940 Radio Rd.  
Suite, Apt. #, etc.  
105

3. Mailing Address

3940 Radio Rd.  
Suite, Apt. #, etc.  
105

City & State

Naples FL

City & State

Naples, FL

4. FEI Number

59-3472134

Applied For

Not Applicable

Zip

34104

Country

Collier

Zip

34104

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, GARY R  
2332 PINE RIDGE ROAD  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name Thompson GARY R.

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

3940 Radio Road # 105

City Naples

FL

Zip Code 34104

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

*Gary R Thompson DC*

3-16-01

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, 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

TITLE D  
NAME THOMPSON, GARY R  
STREET ADDRESS 6840 OXMOOR CT  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE D  
NAME THOMPSON, SUE  
STREET ADDRESS 6840 OXMOOR CT  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Gary R Thompson DC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01  
Date

7648-4998  
(941)348 9447  
Daytime Phone #

CR2E034 (10/00)