

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092933

1. Entity Name
URMOS CHIROPRACTIC HEALTH CENTER, P.A.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90006 003 ***150.00

Principal Place of Business
3082 GULF BREEZE PKWY
GULF BREEZE FL 32561

Mailing Address
3082 GULF BREEZE PKWY
GULF BREEZE FL 32561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2870 Gulf Breeze Pkwy.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6337
Suite, Apt. #, etc.

City & State
Gulf Breeze FL.

City & State
Gulf Breeze FL.

4. FEI Number 59-3475831

Applied For
Not Applicable

Zip Country
32561 U.S.A.

Zip Country
32561 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URMOS, CYNTHIA
2870 GULF BREEZE PWY
GULF BREEZE FL 32561

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.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
URMOS, DR CYNTHIA
2870 GULF BREEZE PWY
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: Dr. Cynthia Urmos Dr. Cynthia Urmos 3-12-01 (350) 932-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)