

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

**DOCUMENT #** 19800028263

**1. Entity Name**  
Fulton Family Chiropractic Center, P.A.

**Principal Place of Business**  
6309 Corporate Ct. SW, Suite A  
FT. Myers, FL 33919

FILED

00 DEC 15 PM 3:41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**2. Principal Place of Business**  
6309 Corporate Ct. SW  
Suite A  
FL  
33919

**3. Mailing Address**  
Same  
FL  
33919

**4. FEI Number**  
65-0824720

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Fulton, Charles L.  
6309 Corporate Ct. SW, Suite A  
FT. Myers, FL 33919

**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.**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Owner, President</u> <u>Charles L. Fulton, D.C.</u> <u>6309 Corporate Ct. SW, Suite A</u> <u>FT. Myers, FL 33919</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500003514675--7</u> <u>-12/27/00--01072--019</u> <u>*****150.00 *****150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President/Secretary</u> <u>Wendy Fulton</u> <u>6309 Corporate Ct. SW Suite A</u> <u>FT. Myers, FL 33919</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 all other like empowered.**

**SIGNATURE:** Charles L. Fulton **12/11/00 (941) 433-1011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

202

Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

November 9, 2000

To whom it may concern,

This letter is in reference to our corporation. There seems to be some confusion and I hope that this will clarify any misunderstanding. We previously sent in a request prior to September 1, 2000, to let you know of the fact that we did not receive a first notice stating that we were to pay 150.00 for the year. The first notice that we received stated that we were late and therefore being penalized and owing 550.00. Before we were able to respond through our accountant, we then received a notice that stated that our corporation was dissolved and additional monies were due to re-instate.

We are requesting that the original 150.00 amount that was due will be posted and that this would clear up any questions and late fees. It is very frustrating that we are being penalized for something that was out of our control. We don't know if the first request was never sent to us, or if the postal service delivered it to the wrong address, or lost it. Please accept this check enclosed and we thank you in advance for your cooperation and assistance.

Sincerely,



Charles L. Fulton, D.C.  
Fulton Family Chiropractic Center, P.A.  
6309 Corporate Court SW, Suite A  
Fort Myers, FL 33919  
(941)433-1011