

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90146 020 ***150.00

DOCUMENT # P98000036898

1. Entity Name
FRENCH CHIROPRACTIC CENTER, P.A.



Principal Place of Business
24850 BURNT PINE DR
SUITE 3
BONITA SPRINGS FL 34134

Mailing Address
24850 BURNT PINE DR
SUITE 3
BONITA SPRINGS FL 34134



2. Principal Place of Business

27970 Crown Lake Blvd

3. Mailing Address

6120 Towncenter Cir

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Naples, FL

Zip

34135

Country

USA

Zip

34119

Country

USA

4. FEI Number 59-3507211

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, BRADLEY R
809 WALKERBILT RD.
SUITE 2
NAPLES FL 34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME FRENCH, KENNETH G DC
STREET ADDRESS 3300 BERMUDA ISLE CIR. #322
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE PT
NAME FRENCH, KENNETH G DC
STREET ADDRESS 24850 BURNT PINE DR SUITE 3
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE VS
NAME FRENCH, TAMMY J DC
STREET ADDRESS 24850 BURNT PINE DR SUITE 3
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME French, Kenneth G. DC
STREET ADDRESS 6120 Towncenter Cir
CITY-ST-ZIP Naples, FL 34119 ☒ Change ☐ Addition

TITLE PT
NAME French, Kenneth G. DC
STREET ADDRESS 6120 Towncenter Cir
CITY-ST-ZIP Naples, FL 34119 ☒ Change ☐ Addition

TITLE VS
NAME French, Tammy J DC
STREET ADDRESS 6120 Towncenter Cir
CITY-ST-ZIP Naples, FL 34119 ☒ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Kenneth G. French, DC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (239) 593-9139
Date Daytime Phone #

CR2E034 (10/02)