

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 006 ***150.00

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DOCUMENT # P98000083998

1. Entity Name
BROWN'S CHIROPRACTIC CENTER, INC.



Principal Place of Business
**2609 W. 23RD ST.
PANAMA CITY FL 32405**

Mailing Address
**2609 W. 23RD ST.
PANAMA CITY FL 32405**

2. Principal Place of Business
2609 W. 23rd St.

3. Mailing Address
2609 W. 23rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Panama City, FL

City & State
Panama City, FL

4. FEI Number **59-3534304**

Applied For
Not Applicable

Zip
32405

Country
Bay

Zip
32405

Country
Bay

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

6. Name and Address of Current Registered Agent

**BROWN, JOHN
2609 W. 23RD ST.
PANAMA CITY FL 32405**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME BROWN, JOHN	
STREET ADDRESS 2609 W 23RD ST	
CITY-ST-ZIP PANAMA CITY FL 32405	
TITLE VP	<input type="checkbox"/> Delete
NAME BROWN, SHERRY	
STREET ADDRESS 2609 W 23RD ST	
CITY-ST-ZIP PANAMA CITY FL 32405	
TITLE ST	<input type="checkbox"/> Delete
NAME BROWN, DELENA	
STREET ADDRESS 2609 W 23RD ST	
CITY-ST-ZIP PANAMA CITY FL 32405	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **John L. Brown** **4-25-'03 850-769-3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)