

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90105 005 \*\*\*150.00

0353186 AV

**DOCUMENT # P990000037521**

**1. Entity Name**  
**CHIRO BODY WORKS, INC.**

**Principal Place of Business**  
 2669 FOREST HILL BLVD  
 STE 107  
 WEST PALM BEACH FL 33406

**Mailing Address**  
 2669 FOREST HILL BLVD  
 STE 107  
 WEST PALM BEACH FL 33406

**\*CHANGE OF ADDRESS ONLY**

**2. Principal Place of Business**

2624 FOREST HILL BLVD

**3. Mailing Address**

2624 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

none

none

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

**Zip**

33406

**Country**

USA

**Zip**

33406

**Country**

USA

**4. FEI Number** 65-0915968

**Applied For**

**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FLEAGANE, JAMIE LYNN**  
 368-1 PRESTWICK CIRCLE  
 PALM BEACH GARDENS FL 33418

**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**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **FLEAGANE, JAMIE LYNN**  
**STREET ADDRESS** **368-A PRESTWICK CIRCLE**  
**CITY-ST-ZIP** **PALM BEACH GARDENS FL 33418**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **FLEAGANE, JAMIE LYNN** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **1733 VILLAGE BLVD. #109**  
**CITY-ST-ZIP** **West Palm Beach, FL 33409**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**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:**

*Jamie Fleagane*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)