

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 040 ***150.00

DOCUMENT # P99000083466

1. Entity Name
STEVEN R. SWEAT, D.C., P.A.



Principal Place of Business

**1352 MAIN STREET
DUNEDIN FL 34698**

Mailing Address

**1352 MAIN STREET
DUNEDIN FL 34698**

A0075363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2194 MAIN ST

Suite, Apt. #, etc.
Suite A

City & State
Dunedin FL

Zip
34698

Country
Pinellas

3. Mailing Address
2194 MAIN ST

Suite, Apt. #, etc.
Suite A

City & State
Dunedin FL

Zip
34698

Country
Pinellas

4. FEI Number
59 3598418

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWEAT, STEVEN R
1352 MAIN STREET
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name
Steven R Sweat DC
Street Address (P.O. Box Number is Not Acceptable)
2194 MAIN ST Suite A
City
Dunedin **FL** Zip Code
34698

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
D ☒ Delete
NAME
SWEAT, STEVEN R
STREET ADDRESS
1352 MAIN STREET ← **wrong address**
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE
D ☐ Delete
NAME
Sweat Steven R
STREET ADDRESS
2194 MAIN ST suite A
CITY-ST-ZIP
Dunedin, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

STEVEN R SWEAT Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2000
Day

727 7338818
Daytime Phone #

CR2E034 (5/00)

attachment Doc#: P99000083466
A0075363



DUNEDIN CHIROPRACTIC

STEVEN R. SWEAT, D.C.

2194 Main Street • Suite A
Dunedin, Florida 34698
Telephone: (727) 733-8818
Fax: (727) 734-0778

August 28, 2000

Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To: Whom It May Concern
Re: Uniform Business Report

Per your instructions please accept this letter as confirmation that I never received your first notice or request for an updated UBR. Please note that the address has changed. Enclosed please find my check in the amount of \$150.00. If I can be of further help please feel free to contact me directly.

Sincerely,

Steven R. Sweat, D.C.