

2000 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED

May 24, 2000 8:00 am
Secretary of State

04-25-2000 90086 043 ***150.00

DOCUMENT # P99000083709

1. Entity Name

AUDETTE CHIROPRACTIC, P.A.

Principal Place of Business

410 S. BROCKFIELD DR.
SUN CITY CENTER FL 33574
33573

Mailing Address

410 S. BROCKFIELD DR.
SUN CITY CENTER FL 33574
33573

2. Principal Place of Business

410 S. BROCKFIELD DR.

Suite, Apt. #, etc.

3. Mailing Address

410 S. BROCKFIELD DR.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER FL

Zip

33573

Country

Hillsborough

City & State

SUN CITY CENTER, FL

Zip

33573

Country

Hillsborough

4. FEL Number

59-3601552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUDETTE, SUE ELLEN

410 S. ROCKFIELD DR.

SUN CITY CENTER FL 33574

Name

Audette, Sue Ellen

Street Address (P.O. Box Numbers Not Acceptable)

410 S. BROCKFIELD DR.

City

SUN CITY

FL

Zip Code

33573

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

813 267 2176

Daytime Phone #

CR2E034 (9/99)