

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90002 048 ***150.00

DOCUMENT # **P99000083709**

1. Entity Name

AUDETTE CHIROPRACTIC, P.A. (LP)

Principal Place of Business

Mailing Address

**410 S. BROCKFIELD DRIVE
 SUN CITY CENTER, FL
 33573**

same as:

2. Principal Place of Business

3. Mailing Address

410 S. Brockfield Dr.

410 S. Brockfield Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0079453

DO NOT WRITE IN THIS SPACE

City & State
Sun City Center, FL

City & State
Sun City Center, FL

4. FEI Number

59-360-1552

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. Brockfield, Drive
 Sun City Center, FL 33573**

Name **SUE ELLEN AUDETTE**

Street Address (P.O. Box Number is Not Acceptable)

410 S. Brockfield Drive

City **SUN CITY CENTER**

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 **Sue Ellen Audette**

Sue Ellen Audette

7/13/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **Audette, Sue Ellen** ☐ Delete
 STREET ADDRESS **410 S. Brockfield Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 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: **Sue Ellen Audette** **Sue Ellen Audette** **7/13/01** **813 654-7999**

CR2E034 (11/00)

Attachment
A079453

07/13/01

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

RE: 2001 UBR # P990000083709

I have just finally received my
2001 UBR. (see your attached
correspondence.) Therefore, as
recommended by the agent
I spoke with on 7/6/01, I
have included a check for \$150⁰⁰
being that your Dept. had an
incorrect address originally.

Thank you for mailing me
my 2001 UBR.

Sincerely
Sue E. Audette

What seems like
only a ripple today...
can become the wave
of the future.