

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085185

1. Entity Name

JOHN ABENDROTH, D.C., P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90163 012 ***150.00

Principal Place of Business

Mailing Address

115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949

115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949-8325

2. Principal Place of Business

3. Mailing Address

2401 S. U.S. Hwy 1
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Pierce, FL

4. FEI Number

65-0951021

Applied For

Not Applicable

Zip

Country

Zip

Country

34982 U.S.

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

ABENDROTH, C. JOHN
115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ABENDROTH, CARL J
115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 empowerments.

SIGNATURE: *Dr. John Abendroth, D.C., P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

561-460-9600

Daytime Phone #

CR2E034 (9/99)