

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085185

1. Entity Name
JOHN ABENDROTH, D.C., P.A.

Principal Place of Business
~~2401 S. US HWY 1~~
FORT PIERCE FL 34949

Mailing Address
115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949

2. Principal Place of Business
3295 S. US Hwy 1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State

4. FEI Number 65-0951021

Applied For
Not Applicable

Zip 34982

Country U.S.

Zip

Country

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, 2002 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
STREET ADDRESS
CITY-ST-ZIP
PSTD
ABENDROTH, CARL J
115 QUEEN ELIZABETH CT.
FORT PIERCE FL 34949 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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)(j), 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:

Carl J. Abendroth III *Carl J. Abendroth III* 1/7/02 561-465-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90001 030 ***150.00

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DO NOT WRITE IN THIS SPACE

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