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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2002 8:00 am **DOCUMENT #** P99000107277 **Secretary of State** PASADENA FAMILY CHIROPRACTIC CENTER, INC. 01-14-2002 90018 030 \*\*\*150.00 Principal Place of Business Mailing Address 6801 GULFPORT BLVD. 6901 GULFPORT BLVD. SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3614819 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ---- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACON, DAVID A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2959 1ST AVE., NORTH ST. PETERSBURG FL 33713 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01)TITLE Change Addition THLE ☐ Delete FOLEY, EDWARD W NAME NAME E034 6801 GULFPORT BLVD. STREET ADDRESS STREET ADDRESS SOUTH PASADENA FL 33707 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - - Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.