

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90856 032 \*\*\*150.00



**DOCUMENT # P99000107277**

1. Entity Name  
**PASADENA FAMILY CHIROPRACTIC CENTER, INC.**

Principal Place of Business  
**6801 GULFPORT BLVD.  
SOUTH PASADENA FL 33707**

Mailing Address  
**6801 GULFPORT BLVD.  
SOUTH PASADENA FL 33707**

2. Principal Place of Business  
**65-66th Street North**  
Suite, Apt. #, etc.

3. Mailing Address  
**65-66th Street North**  
Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33710**

Country  
**USA**

Zip  
**33710**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

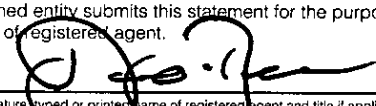
6. Name and Address of Current Registered Agent  
**BACON, DAVID A ESQ.  
2959 1ST AVE., NORTH  
ST. PETERSBURG FL 33713**

4. FEI Number **59-3614819** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  DATE **1/22/03**

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**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOLEY, EDWARD W 6801 GULFPORT BLVD. SOUTH PASADENA FL 33707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Foley, Edward W 65-66th Street North St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED** Date **1-22-03** Daytime Phone # **(727) 346-0911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)