

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503145

1. Entity Name

Wetter Chiropractic Center, Inc.

Principal Place of Business

11211 Prosperity Farms Rd.
C111
Palm Bch Gardens, FL 33418

Mailing Address

11211 Prosperity Farms Rd.
C111
Palm Bch Gardens, FL 33418-3978

2. Principal Place of Business

1541 Prosperity Farms Rd.
Suite, Apt. #, etc.
Ste #3

3. Mailing Address

15772 85th Ave N.
Suite, Apt. #, etc.

City & State

Lake Park, FL
Zip 33403 Country USA

City & State

Palm Bch Gardens, FL
Zip 33418 Country USA

4. FEI Number

65-0246024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0070842

6. Name and Address of Current Registered Agent

Kramer, Scott
1155 U. S. Highway One
Ste #205
Juno Beach, FL 33408

7. Name and Address of New Registered Agent

Name Wetter, Michael S., D.C.
Street Address (P.O. Box Number is Not Acceptable)
15772 85th Ave. N.
City Palm Bch Gardens FL Zip Code 33418

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

Michael S. Wetter

(NOTE: Registered Agent signature required when reinstating)

2-7-01

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

TITLE D
NAME Wetter, Michael S., D.C.
STREET ADDRESS 11211 Prosperity Farms Rd. C111
CITY-ST-ZIP Palm Bch Gardens, FL 33418 ☐ Delete

TITLE D
NAME Wetter, Terri D.
STREET ADDRESS 11211 Prosperity Farms Rd. C111
CITY-ST-ZIP Palm Bch Gardens, FL 33418 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael S. Wetter

2-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)