

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90072 039 ***150.00

DOCUMENT # S38256

1. Entity Name

BOYNTON BEACH CHIROPRACTIC CENTER, INC.**A0001562**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**432 W BOYNTON BCH BLVD
BOYNTON BCH FL 33435
US****432 W BOYNTON BCH BLVD
BOYNTON BCH FL 33435-4027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0254531

Applied For

Not Applicable

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BEIL, DR. FLOYD M.
9589 CALLIANDRA DRIVE
BOYNTON BEACH FL 33436**

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
NAME**D
BEIL, DR. FLOYD M.
9589 CALLIANDRA DRIVE
BOYNTON BEACH FL**☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAMESTREET 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLOYD M. BEIL 1/3/2000 561 737 7987