2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90018 041 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S38256

1. Entity Name
BOYNTON BEACH CHIROPRACTIC CENTER, INC.

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 US

2. Principal Place of Business	3. Mailing Address
2240 Woolbright Rd	P.O. Box 4602
Suite, Apt. #, etc. #414	Suite, Apt. #, etc.
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33426 / Country Palm Beach	Zip 33424 / Country Palm Beach

4. FEI Number 65-0254531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE President Floyd M. Beil 1/9/2001
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEIL, DR. FLOYD M.	NAME	
STREET ADDRESS	9589 CALLIANDRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Floyd M. Beil 1/9/2001 561 735 0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)