2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State DOCUMENT # 07-10-2001 90004 016 ***150 00 AREINGTON CHIROPRACTIC CLINIC INC. Principal Place of Business 6919 MERRILL RD 6919 MERRILL RD JACKSONVILLE FL 3227 JACKEONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59 - 306 4705 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent ANDREW ROBERTS Street Address (P.O. Box Number is Not Acceptable) 6919 MERRILL RD Zip Code 32211 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. FILE NOWILL FEE (S \$150.00) After MAY 1, 2001; Fee will be \$550.00 Make Check Payable to Department of St 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. Trust Fund Contribution. (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TILE Oelete TITLE ANDREW KOBERTS NAME NAME STREET ADDRESS 6919 MERRILL RO STREET ADDRESS CITY-ST-ZIP CITY-ST-71P JACKSONVILLE FL 322477 TITLE ☐ Delette MLE ☐ Change Addition Roselynn Roberts NAME NAME STREET ADDRESS 6919 MERRILL RO STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 322#77 CITY-ST-ZIP IIIE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - \$1 - 219 CITY-ST-ZP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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. 904) 743-2222

FILED

15 June, 2001



UNIFORM BUSINESS REPORT **Division of Corporations** P.O. Box 1500 Tallahassee FL 32302-1500

To whom it may concern

RE: ARLINGTON CHIROPRACTIC CLINIC INC. - 2001 UNIFORM **BUSINESS**

Please find enclosed my Uniform Business Report for 2001 and a check of \$150:00. To the best of my knowledge, I did not receive the Uniform Business Report for 2001, from the State. I have consistently filed the forms from prior years in a timely manner and there have been no changes in my mailing address.

I intended to follow up on this matter, but since I was recovering from bypass surgery, I wasn't able to do so earlier.

Regards

Poberto, Pres.

राज्य के व पंकार्य प्राथमध्य कार्य mass Repuis to the Zold main