

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41837

1. Entity Name

LAFAYETTE CHIROPRACTIC CLINIC, P.A.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90410 016 ***150.00

00029635



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1211 MICCOSUKEE RD.
TALLAHASSEE FL 32308
US

Mailing Address
1211 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

2. Principal Place of Business
1844 Fiddler Court
Suite, Apt. #, etc.

3. Mailing Address
1844 Fiddler Court
Suite, Apt. #, etc.

City & State
Tallahassee, FL 32308

City & State
Tallahassee, FL 32308

Zip
32308

Country
Leon

Zip
32308

Country
Leon

4. FEI Number 59-3069446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAJOCZKY, ANTHONY L.
125 N. FRANKLIN
TALLAHASSEE FL 32301

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Jan E. Jensen 3/27/01 222-2952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #