

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97396

1. Entity Name

TOTAL HEALTH CHIROPRACTIC, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90040 006 ***150.00

Principal Place of Business

Mailing Address

% EDWARD M. BRECKER
23057 S.R. 7
BOCA RATON FL 33428

% EDWARD M. BRECKER
23057 S.R. 7
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

811 N.W. 7th St.

811 N.W. 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
33486

Country
USA

Zip
33486

Country
USA

4. FEI Number 65-0299084

Applied For

Not Applicable

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

BRECKER, EDWARD M.
23057 S.R. 7
BOCA RATON FL 33428

Name

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

811 N.W. 7th St.

City

Boca Raton

FL

Zip Code

33486

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	D	<input type="checkbox"/> Delete
NAME	BRECKER, EDWARD M.	
STREET ADDRESS	811 NW 7TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward M. Brecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

561-750-7323

Daytime Phone #

CR2E034 (9/99)