

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54287

1. Entity Name

DANIEL J. BOURASSA, D.C., P.A.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 006 ***150.00

Principal Place of Business

2400 W MICHIGAN AVENUE
SUITE 1
PENSACOLA FL 32526

Mailing Address

2400 W MICHIGAN AVENUE
SUITE 1
PENSACOLA FL 32526-2218

2. Principal Place of Business

3. Mailing Address

P.O. Box 1927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Andalusia

City & State

City & State

Alabama

Zip

Country

Zip

Country

36420

USA

4. FEI Number

59-3142428

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

LORREN, LONNIE D.
98 E GARDEN ST
SUITE 1
PENSACOLA FL 32501

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

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	BOURASSA, DANIEL J.	
STREET ADDRESS	2400 W MICHIGAN AVE. #1	
CITY-ST-ZIP	PENSACOLA 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #