

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35229

1. Entity Name

NEUROPSYCHOLOGY & COUNSELING SERVICES, P.A.

Principal Place of Business

722 E. 5TH AVENUE
MOUNT DORA FL 32757
US

Mailing Address

722 E. 5TH AVENUE
MOUNT DORA FL 32778-3249
US

2. Principal Place of Business

101 MAULD ST.
Suite, Apt. #, etc.

3. Mailing Address

101 MAULD ST
Suite, Apt. #, etc.

City & State

TAVARES, FL
Zip 32778 Country ~~HAKE~~ US

City & State

TAVARES, FL
Zip 32778 Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3125296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTILL, KAREN
722 E. 5TH AVENUE
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name
ESTILL, KAREN
Street Address (P.O. Box Number is Not Acceptable)
101 MAULD ST
TAVARES, FL
City 32778 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ESTILL, KAREN	
STREET ADDRESS	722 E. 5TH AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTILL, KAREN
STREET ADDRESS	101 MAULD ST.
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)