

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
 02-05-2002 90090 009 ***150.00

04135502 AV

DOCUMENT # 609972
 1. Entity Name
PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.

Principal Place of Business
16204 NORTH FLORIDA AVENUE
LUTZ FL 33549

Mailing Address
16204 NORTH FLORIDA AVENUE
LUTZ FL 33549



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1913294**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, BOB R III
17408 GUNN HWY.
ODESSA FL 33556

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 _____
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, 2002 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	CD SMITH, BOB R III 17408 GUNN HWY ODESSA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, CATHERINE R 17408 GUNN HWY ODESSA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYURKE, JAMES 16204 N. FLORIDA AVENUE LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEMINOFF, SERJE G 16204 N. FLORIDA AVE LUTZ FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST CUNNINGHAM, KAY M. 16204 N FLORIDA AVE LUTZ FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUMPEE, CYNTHIA 16204 NORTH FLORIDA AVENUE LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kay M Cunningham* 1/9/2002 813 968-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)