


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90898 008 \*\*\*150.00

DOCUMENT # **609972**  
1. Entity Name: **Psychological Assessment Resources, Inc.**



**70040044**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: **16204 N Florida Ave**  
Suite, Apt. #, etc. **Lutz, FL**

3. Mailing Address: **same**  
Suite, Apt. #, etc. **Lutz, FL**

DO NOT WRITE IN THIS SPACE

City & State: **Lutz, FL**

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4. FEI Number: **59-1913294**

Applied For:  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **R Bob Smith III Ph.D.**

Street Address (P.O. Box Number is Not Acceptable): **17408 Gunn Highway**

City: **Odessa, FL** Zip Code: **33556**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                           |                |  |
|----------------------------|-------------------------------------------|----------------|--|
| TITLE                      | Chairman, CEO, Director                   | TITLE          |  |
| NAME                       | R Bob Smith III Ph.D.                     | NAME           |  |
| STREET ADDRESS             | 17408 Gunn Highway                        | STREET ADDRESS |  |
| CITY-ST-ZIP                | Odessa, FL 33556                          | CITY-ST-ZIP    |  |
| TITLE                      | Vice President, Director                  | TITLE          |  |
| NAME                       | Catherine R. Smith                        | NAME           |  |
| STREET ADDRESS             | 17408 Gunn Highway                        | STREET ADDRESS |  |
| CITY-ST-ZIP                | Odessa, FL 33556                          | CITY-ST-ZIP    |  |
| TITLE                      | President, COO, Director                  | TITLE          |  |
| NAME                       | Stije G. Seminoff                         | NAME           |  |
| STREET ADDRESS             | 16204 N Florida Ave                       | STREET ADDRESS |  |
| CITY-ST-ZIP                | Lutz, FL 33579                            | CITY-ST-ZIP    |  |
| TITLE                      | CFO, Vice President, Treas. Sec. Director | TITLE          |  |
| NAME                       | Kayin Cunningham                          | NAME           |  |
| STREET ADDRESS             | 16204 N Florida Ave                       | STREET ADDRESS |  |
| CITY-ST-ZIP                | Lutz, FL 33579                            | CITY-ST-ZIP    |  |
| TITLE                      | Vice President                            | TITLE          |  |
| NAME                       | James Gyurke                              | NAME           |  |
| STREET ADDRESS             | 16204 N Florida Ave                       | STREET ADDRESS |  |
| CITY-ST-ZIP                | Lutz, FL 33579                            | CITY-ST-ZIP    |  |
| TITLE                      | Vice President                            | TITLE          |  |
| NAME                       | Cynthia Kumpel                            | NAME           |  |
| STREET ADDRESS             | 16204 N Florida Ave                       | STREET ADDRESS |  |
| CITY-ST-ZIP                | Lutz, FL 33579                            | CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kayin Cunningham** **Kayin Cunningham** **4/8/03** **813-968-3003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)