

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90468 014 \*\*\*158.75

**DOCUMENT # 619450**

1. Entity Name  
**PSYCHOLOGICAL SEMINARS, INC.**

Principal Place of Business <b>240 S PLANT AVENUE SUITE B-208 TAMPA FL 33606</b>	Mailing Address <b>240 S PLANT AVENUE SUITE B-208 TAMPA FL 33606-0422 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1 Davis Boulevard Suite, Apt. #, etc. Suite 102 City &amp; State Tampa, FL</b>	3. Mailing Address <b>1 Davis Boulevard Suite, Apt. #, etc. Suite 102 City &amp; State Tampa, FL</b>
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Zip <b>33606</b>	Country <b>USA</b>	Zip <b>33606</b>	Country <b>USA</b>
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4. FEI Number <b>59-1907083</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALBERTS, FRED L.  
 240 S PLANT AVENUE  
 SUITE B-208  
 TAMPA FL 33606**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 Davis Boulevard  
 Suite 102**  
 City  
**Tampa** FL Zip Code  
**33606**

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 **Fred L. Alberts, Jr.** *Change of address only*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **4-20-2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ALBERTS, FRED L J 240 S PLANT AVENUE B-208 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Fred L. Alberts, Jr.** *4-20-2000* **813-253-6541**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)