

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702713

1. Entity Name

ASSOCIATED PSYCHOLOGICAL SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90027 025 ****61.25

Principal Place of Business

300 BULLARD PARKWAY
TEMPLE TERRACE FL 33617

Mailing Address

300 BULLARD PARKWAY
TEMPLE TERRACE FL 33617-5554

2. Principal Place of Business

17728 Nathan's Drive
Suite, Apt. #, etc.

3. Mailing Address

17728 Nathan's Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1054150

Applied For

Not Applicable

Zip

33647

Country

Zip

33647

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDY, PATRICIA
300 BULLARD PARKWAY
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17728 NATHAN'S DRIVE

City TAMPA

FL

Zip Code

33647

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

Patricia Hardy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/2000

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME HARDY, MILES W
STREET ADDRESS 300 BULLARD PARKWAY
CITY-ST-ZIP TEMPLE TERRACE, FL 00000

TITLE VPD ☐ Delete

NAME ROTH, JACK
STREET ADDRESS 300 BULLARD PARKWAY
CITY-ST-ZIP TEMPLE TERRACE, FL 00000

TITLE STD ☐ Delete

NAME HARDY, PATRICIA K
STREET ADDRESS 300 BULLARD PARKWAY
CITY-ST-ZIP TEMPLE TERRACE, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 17728 NATHAN'S DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 17728 Nathan's Drive
CITY-ST-ZIP Tampa, FL 33647

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 17728 NATHAN'S DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2000 813/988-2665

CR2E037 (9/99)