

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702713

1. Entity Name

ASSOCIATED PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

17728 NATHAN'S DRIVE
TAMPA FL 33647

Mailing Address

17728 NATHAN'S DRIVE
TAMPA FL 33647

2. Principal Place of Business

9013 QUAIL CREEK DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9013 QUAIL CREEK DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1054150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDY, PATRICIA
17728 NATHAN'S DRIVE
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

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

9013 QUAIL CREEK DRIVE

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

Patricia K. Hardy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/02

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	<input type="checkbox"/> Delete
NAME	HARDY, MILES W	
STREET ADDRESS	17728 NATHAN'S DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTH, JACK	
STREET ADDRESS	17728 NATHAN'S DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDY, PATRICIA K	
STREET ADDRESS	17728 NATHAN'S DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9013 QUAIL CREEK DRIVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9013 QUAIL CREEK DRIVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9013 QUAIL CREEK DRIVE
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	

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 K. Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/02 (813) 907-9702



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90055 032 ****61.25