

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46627

1. Entity Name

PAIN AND STRESS MANAGEMENT ASSOCIATES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90033 019 ***150.00

Principal Place of Business

Mailing Address

14813 LAKE MADELENE CIRCLE
TAMPA FL 33613
US

14813 LAKE MADELENE CIRCLE
TAMPA FL 33613
US

2. Principal Place of Business

14813 LK MAGDALENE CR
Suite, Apt. #, etc.

3. Mailing Address

14813 LK MAGDALENE CR
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2916044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORT, PAUL R.
7522 NORTH 40TH STREET
SUITE B
TAMPA FL FL 33604

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME VOULGARIS, JACKIE
STREET ADDRESS 14813 LAKE MAGDELENE CIR
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 14813 LK MAGDALENE CR
STREET ADDRESS 33613
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VOULGARIS, GEORGE
STREET ADDRESS 14813 LAKE MAGDELENE CIR
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 14813 LK MAGDALENE CR
STREET ADDRESS 33613
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ✓

Jackie Voulgaris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

(813) 961-4133

Daytime Phone #

CR2E034 (9/99)