2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K54570**

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

BARBARA M. PAULILLO, PSY.D & ROBERT PAULILLO, PS

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

REINMAN, MATHESON, KASTRO & VAUGHAN

C/O VICTOR S KOSTRO, ESQ. 1825 RIVERVIEW DRIVE **MELBOURNE FL 32901**

9. This corporation is eligible to satisfy its Intangible

PAULILLO, BARBARA M.

1450 PALEY CIRCLE S.E.

1450 PALEY CIRCLE S.E.

PALM BAY FL 32909

PAULILLO, ROBERT

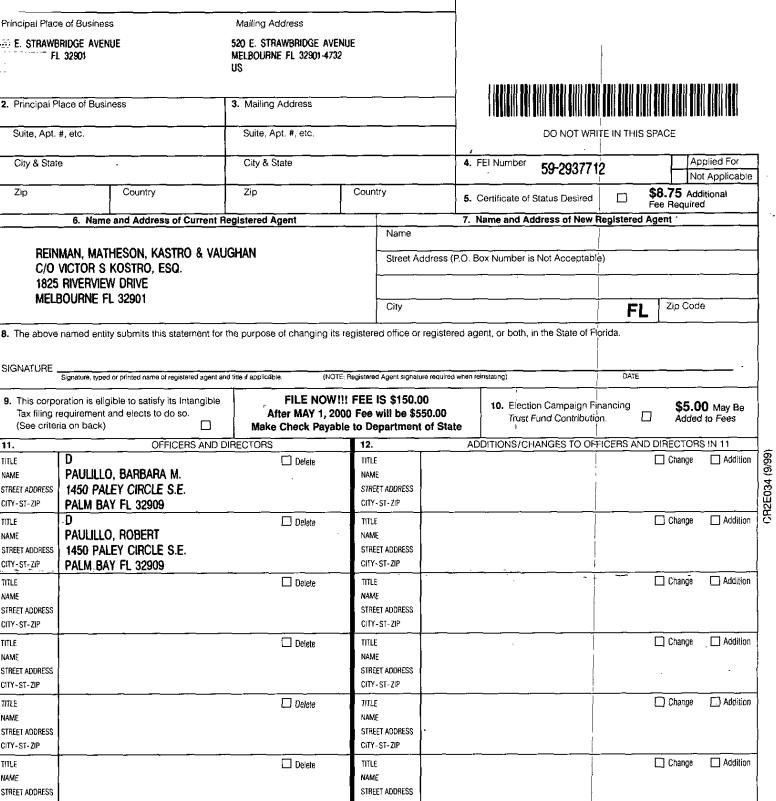
PALM BAY FL 32909

Tax filing requirement and elects to do so.

Principal Place of Business Mailing Address 520 E. STRAWBRIDGE AVENUE 🚟 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901-4732 FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country

FILED May 20, 2000 8:00 am Secretary of State

05-20-2000 90001 023 ***150.00



CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stand 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 received or fustee empowered to execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I Barbara M. Ru