

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 038 ***150.00

DOCUMENT # **K54570**

1. Entity Name

Barbara M. Paulillo, Psy.D. + Robert Paulillo, Psy.D. P.

DO NOT WRITE IN THIS SPACE

663062

2. Principal Place of Business

1901 S. Harbor City Blvd

Suite, Apt. #, etc.

Suite 600

City & State

Melbourne, FL

Zip

32901

Country

USA

3. Mailing Address

1901 S. Harbor City Blvd

Suite, Apt. #, etc.

Suite 600

City & State

Melbourne, FL

Zip

32901

Country

USA

4. FEI Number

592937712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Reinman, Matheson, Keston & Vaughan

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

1825 Riverview Dr.

City

Melbourne

FL

Zip Code

32901

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D President Barbara M. Paulillo 1450 Paley Cir. SE Palm Bay, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Robert Paulillo 1450 Paley Cir. SE Palm Bay, FL 32909
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara M. Paulillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara M. Paulillo 4-28-02 321-725-3636

Date

Daytime Phone #

CR2E034B (12/01)