

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L69645**

1. Entity Name
STEVEN L. WEISS, PHD., P.A.

Principal Place of Business
**7655 W. GULF TO LAKE HIGHWAY
SUITE # 4
CRYSTAL RIVER FL 34429
US**

Mailing Address
**POST OFFICE BOX 1599
CRYSTAL RIVER FL 34429
US**

FILED

00 AUG -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/20/00 900221033 \$150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3018021**

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

**WEISS, STEVEN L.
7655 W. GULF TO LAKE HIGHWAY
SUITE # 4
CRYSTAL RIVER FL 34429**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **WEISS, STEVEN L.**
STREET ADDRESS **7655 W. GULF TO LAKE HIGHWAY, STE. # 4**
CITY-ST-ZIP **CRYSTAL RIVER FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **LS**
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not comply for the corporation stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

352 746 6361

Daytime Phone #



STEVEN L. WEISS, Ph.D., P.A.

LICENSED PSYCHOLOGIST

PY0004104

202

MAILING ADDRESS:
P.O. BOX 1599
CRYSTAL RIVER, FL 34423

(352) 563-0333 PHONE
(352) 795-4944 PHONE
(352) 564-1844 FAX

EXECUTIVE CENTER, SUITE 4
7655 W. GULF TO LAKE HWY.
CRYSTAL RIVER, FL 34429

August 4, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Att.: Leslie Sellers


Dear Ms. Sellers:

As per our conversation on Friday, August 4, 2000, I have already enclosed a check for \$150.00 for the annual Uniform Business Report filing fee.

A second notice form was sent to me in error. I have never received a first notice. Please send me an acknowledgment that this fee is acceptable.

Enclosed is my last correspondence with another office dated July 17, 2000. This office was supposed to take care of the error.

Sincerely,


Steven L. Weiss, Ph.D.