

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90003 012 ***150.00

DOCUMENT # P00000065836

1. Entity Name

GAIL P. REMLAND, L.M.H.C., P.A.

Principal Place of Business

**7301 W PALMETTO PARK RD #201A
BOCA RATON FL 33433**

Mailing Address

**7301 W PALMETTO PARK RD #201A
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1027496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REMLAND, GAIL P
7301 W PALMETTO PARK RD #201A
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 12, 2001 Fee 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

TITLE **D** ☐ Delete
NAME **REMLAND, GAIL P**
STREET ADDRESS **7301 W PALMETTO PARK RD #201A**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/01

361-620-9494

0077439 AV

CR2E034 (5/01)

Earl M. Cohen, C.P.A., P.A.

Certified Public Accountant

2505 N.W. Boca Raton Blvd. • Suite 202
Boca Raton, Florida 33431
Tel.: (561) 347-1608 Fax: (561) 417-9984

Attachment
A00760240

July 6, 2001

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

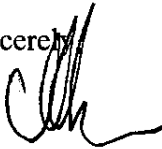
Re: Gail-P. Remland, L.M.H.C., P.A.
Document #P00000065836

Gentlemen/Ladies:

Ms. Remland just recently received the enclosed second notice for filing the Uniform Business Report for 2001. Apparently, she never received the first one and is quite upset that the fee is now \$550.00. Her practice is still in its infancy and an additional \$400.00 is significant enough to be a financial strain on the practice. She is always very careful to ensure that invoices are paid on time as would this one were it not for the fact that she did not receive the first notice. Enclosed is a check for \$150.00 representing the original fee due. Ms. Remland respectfully requests that the additional \$400.00 be waived.

If you have any questions concerning the above, please do not hesitate to contact me.

Sincerely,



Earl M. Cohen, C.P.A.

Enclosure

cc: Ms. Gail Remland

MEMBER

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants