

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 008 ***150.00

DOCUMENT # P00000108897

1. Entity Name
PRACTICAL PSYCHOLOGY, INC.

Principal Place of Business
**PLAZA 4 STE 101
299 W CAMINO GARDENS BLVD
BOCA RATON FL 33432**

Mailing Address
**PLAZA 4 STE 101
299 W CAMINO GARDENS BLVD
BOCA RATON FL 33432**



2. Principal Place of Business
PLAZA Four, Suite 101
Suite, Apt. #, etc.

3. Mailing Address
PLAZA Four, Suite 101
Suite, Apt. #, etc.

399 West Camino Gardens Blvd 399 W Camino Gardens Blvd

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-1072216**

Applied For
Not Applicable

Zip **33432** Country **USA**

Zip **33432** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, LAURENCE
PLAZA 4 STE 101
299 W CAMINO GARDENS BLVD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Miller, Laurence**
Street Address (P.O. Box Number is Not Acceptable)
PLAZA Four Suite 101
399 W. Camino Gardens Blvd.
City **Boca Raton** **FL** Zip Code **33432**

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, 2002 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

TITLE **DPVS** ☐ Delete
NAME **MILLER, LAURENCE**
STREET ADDRESS **PLAZA 4 STE 101 399 W CAMINO GARDENS BLVD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **T** ☐ Delete
NAME **MILLER, LAURENCE**
STREET ADDRESS **PLAZA 4 STE 101 399 W CAMINO GARDENS BLVD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 561-392-8881

Date

Daytime Phone #

CR2E034 (9/01)