2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000108897 **DOCUMENT #**

1. Entity Name

PRACTICAL PSYCHOLOGY, INC.



Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90095 033 ***150.00 **FILED**

Daytime Phone #

| | | | OWE IN | | |
|--|--|--------------------------------|--|--|---------------------------------------|
| Principal Place of Business | | Mailing Address | | | |
| PLAZA 4 STE 101 | | PLAZA 4 STE 101 | | | |
| - 299 W CAMINO GARDENS BLVD BOCA RATON FL 33432 | | 299 W_CAMINO_GARDENS_BLVD | | 11824301 (2) 821(1 88(1) 88(1) 88(1) 88(1) | · · · · · · · · · · · · · · · · · · · |
| | | 000// //// / 2 00/02 | • | | |
| | Place of Business | 3. Mailing Address | | i i anni anni anni anni anni anni anni | |
| 399 | | 299W. Cam | no Gardon Bla | | |
| Suite, Apt. | . #, etc. ⁶ /0/ | Suite, Apt. #, etc. | | CHECK HERE IF MAKIN | G CHANGES |
| City & State | | _City & State | | 4. FEI Number 65-1079946 | Applied For |
| Boca Raton FL | | Boca Raton Fr | | 4. FEI Number 65-1072216 | Not Applicable |
| Zip 2 2 1 1 2 - | Sountry Dall | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional |
| 33436 | 6. Name and Address of Current F | 33432 | PalosBach | | Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | | | | | |
| MILLER, LAURENCE Miller Laurence | | | | | |
| PLAZA 4 STE 101 | | | Street Address | (P.O. Box Number is Not Acceptable) | |
| 299 W CA | AMINO GARDENS BLVD | | 290 // | | WA. |
| BOCA RATON FL 33432 Sign Company Comp | | | | | |
| | | | Boca | Katow FI | - 33x3w |
| 8. The above named entity submits this state first for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| 1/12/03 | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent at | nd title if applicable. (NC | TE: Registered Agent signature require | ed when reinstating) DATE | |
| FILE NOW!!! FEE IS \$150.00 | | | | | |
| After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May | | | | | |
| | k Payable to Florida Department of | State | | Trust Fund Contribution. | Added to Fees |
| 10. OFFICERS AND DIRECTORS | | | 11, | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 11 |
| TITLE | DPVS | ☐ Delete | TITLE | | ☐ Change ☐ Addition 🕄 |
| NAME STREET ADDRESS | MILLER, LAURENCE S PLAZA 4 STE-101 399 W CAMINO GARDENS BLVD | | NAME | Change Addition Change Addition (%) | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | T | □ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, LAURENCE | | NAME | . Onling . O | |
| | | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | · | |
| TITLE NAME | | Delete | TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | Change Addition |
| NAME. | | | NAME | | |
| STREET ADDRESS : CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | | | | | |
| NAME | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | · | | CITY-ST-ZIP | | |
| TITLE | , | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby c | ertify that the information supplied with t | his filing does not qualify fo | or the exemption stated in S | ection 119 07(3)(i) Florida Statutes Lighthor co | rtify that the information |
| 12. 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered. | | | | | |
| changed, | or on an attachment with an actoress, wi | th all other like empowered | 1. | ., , sinda oracios, and triat my name appears | TI BLOCK TO OF BLOCK 13 II |
| SIGNAT | HRE SICKALIA | HE BEOM | RED | 1/11/0> |] |
| JIGIYAT | | NTED NAME OF SIGNING OFFICER | OR DIRECTOR | Date (| Daytime Phone # |