

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90095 033 ***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

3. Mailing Address

399 W. Camino Gardens Blvd
Suite, Apt. #, etc.
#101

399 W. Camino Gardens Blvd
Suite, Apt. #, etc.
#101

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33432

Country
Palm Beach

Zip
33432

Country
Palm Beach

← ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1072216

Applied For
Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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PLAZA 4 STE 101 399 W CAMINO GARDENS BLVD
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☐ Change ☐ Addition

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 empowered 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03

CR2E034 (10/02)