

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90135 039 \*\*\*150.00

DOCUMENT # *P01000027910*

1. Entity Name

*URSULA BURLISON PSYCHOTHERAPY P.A.*



**DO NOT WRITE IN THIS SPACE**

**90045462**

2. Principal Place of Business

*7154 N. UNIVERSITY DR*

3. Mailing Address

*7154 N. UNIVERSITY DR*

Suite, Apt. #, etc.

*#220*

Suite, Apt. #, etc.

*#220*

City & State

*TAMARAC, FL*

City & State

*TAMARAC FL*

4. FEI Number

*65-1091723*

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

*33321*

Country

*BROWARD*

Zip

*33321*

Country

*33321*

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

*URSULA BURLISON*

Street Address (P.O. Box Number is Not Acceptable)

*#*

*7154 N. UNIVERSITY DR, #220*

City

*TAMARAC*

*FL*

Zip Code

*33321*

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IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PRESIDENT  
URSULA BURLISON  
7154 N. UNIVERSITY DR, #220  
TAMARAC, FL 33321*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03-06-03 95487970173*

Date

Daytime Phone #

CR2E034B (12/02)