

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90015 045 ***150.00

DOCUMENT # P01000045506

1. Entity Name

RICHARD J. WEGMAN, PSY.D., P.A.

Principal Place of Business

**421 SOUTHEAST MARTIN AVENUE
 STUART FL 34996**

Mailing Address

**421 SOUTHEAST MARTIN AVENUE
 STUART FL 34996**

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

65-1123058

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

**MORTELL, EDWIN E III
 300 EAST OCEAN BLVD.
 SUITE 200
 STUART FL 34994**

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. 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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **WEGMAN, RICHARD**
 CITY-ST-ZIP **421 SOUTHEAST MARTIN AVENUE
 STUART FL 34996**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 772-285-9456
 Date Daytime Phone #

CR2E034 (4/02)

At Herchman &

Richard J. Wegman, Psy.D., P.A.
421 Southeast Martin Avenue
Stuart, Florida 34996
772-283-8558

#101000045396

September 1, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

This letter is to notify the Division of Corporation that this is the first notice I have received.

I am a clinical Psychologist and this is my first year of incorporation. I am the only officer of my corporation and can affirm that I have received no other notice. I spoke with Trisha in the Department of Corporations who permitted me to reference her in this letter as she encouraged me to write it. I am enclosing a check for 150.00 as per Trisha to pay for my 2002 Uniform Business Report. Thank you for your assistance in this matter.



Richard J. Wegman, Psy.D., P.A.
Licensed Psychologist