

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-03-2002 90164 024 ***158.75

DOCUMENT # P01000069883

1. Entity Name
BRIEF ONLINE THERAPY, INC.

Principal Place of Business

1840 S TREASURE DR. #12
 MIAMI FL 33141

Mailing Address

1840 S TREASURE DR. #12
 MIAMI FL 33141

2. Principal Place of Business

SAME
 1840 S. TREASURE Drive #12

3. Mailing Address

SAME
 1840 S. TREASURE Drive #12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL 33

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

65-1128988

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, ROY C
1840 S TREASURE DR, #12
MIAMI FL 33141

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **CONNER, ROY C**
 STREET ADDRESS **1840 S TREASURE DR, #12**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 REQUIRED

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
201000069883
124827

August 28, 2002

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

To Whom It May Concern:

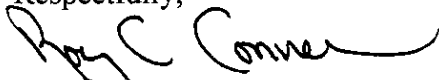
I spoke with your office this morning concerning a late payment fee required on my 2002 Uniform Business Report. Esther was my contact at your office.

I am a new business and actually earned no income over the past 12 months. This is the first time I was aware of filing such a report or the need to file anything other than my company's income tax. Therefore, my first notice received, was a late notice for \$550.00. I have no employees.

I am enclosing the fee of \$150.00 that was required when the first notice was mailed. Also, I am adding \$8.75 to obtain a certificate of status. Please let me know if this is not satisfactory. I would gladly have made a prompt payment at that time, had the notice been received.

Please contact me if you have questions or comments. I hope this payment is a satisfactory resolution to position I was placed in by not receiving the first notice from your office.

Respectfully,



Roy C. Conner, LCSW, CAP
Brief Online Therapy, Inc.
1840 South Treasure Drive #12
Miami, Florida 33141
305.864.3928