

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

8/6

08-06-2003 90056 037 ***150.00

DOCUMENT # P02000001917

1. Entity Name

ROBIN L. SCHUPPER, PSY.D., P.A.

Principal Place of Business

7693 THORNLEE DRIVE
LAKE WORTH FL 33467

Mailing Address

7693 THORNLEE DRIVE
LAKE WORTH FL 33467

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

20-0024525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUPPER, ROBIN L
7693 THORNLEE DRIVE
LAKE WORTH FL 33467

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
PRESIDENT
ROBIN L. SCHUPPER
7693 THORNLEE DRIVE
LAKE WORTH, FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

ROBIN L. SCHUPPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


8/4/2003
Date

(561) 704-2304
Daytime Phone #

CR2E034 (4/03)

8/4/2003

Attachment#

 55004866
PO2000001917

Dear Sir or Madam:

Enclosed is my check for \$150 for my corporation renewal. I never received any notice that payment was due until I just recently received a late notice. This is my first year in business, and I was unaware of the procedure and time frame to expect a notice. Moreover, as it is my first year in business, the \$400 late fee would be a financial hardship, especially as I have had only limited work. Had I received the notice prior to the deadline, I would have sent my check in immediately.

Please feel free to contact me at: (561) 704-2304. Thank you for your assistance in this matter.

Sincerely,

Rob L. Schupper

Robin L. Schupper

Attachment
Division of Corporations

550054800
#P02000001978/19/03

Dear Sir or Ms.:

Per your letter dated August 7, 2003,
I am enclosing a revised 2003 Uniform Business
Report with the information requested, as well
as a copy of your letter, and my prior
letter, dated 8/4/03.

I hope this satisfies all requirements.
Please do not hesitate to contact me at
(561) 704-2304 if any additional
information is needed.

Sincerely,

Robin L. Schuyper