

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90092 026 ***150.00

DOCUMENT # P02000052361

1. Entity Name
BILL BRACKER, PSY.D., P.A.



Principal Place of Business
**915 MIDDLE RIVER DRIVE
SUITE 307
FT LAUDERDALE FL 33304**

Mailing Address
**PO BOX 7342
FT LAUDERDALE FL 33338-7342**

70025125



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

45-0475488

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

**BRACKER, WILLIAM JR.
201 SE 8 AVE
FT LAUDERDALE FL 33301**

Name **Bracker, William Jr.**

Street Address (P.O. Box Number is Not Acceptable)
915 Middle River Dr. Suite 307

City **Fort Lauderdale** **FL** Zip Code **33304**

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 *William Bracker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/03

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 **D** ☒ Delete
NAME **BRACKER, WILLIAM JR.**
STREET ADDRESS **201 SE 8 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **Dr** ☒ Change ☐ Addition
NAME **Bracker, William Jr**
STREET ADDRESS **915 Middle River Dr. Suite 315**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 or other like empowered.

SIGNATURE:

William Bracker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

Daytime Phone #

954-566-2166

CR2E034 (10/02)