

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042794

1. Entity Name  
PSYCHWORKS, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90056 005 \*\*\*150.00

Principal Place of Business  
1999 UNIVERSITY DR  
STE 400  
CORAL SPRINGS FL 33071

Mailing Address  
1999 UNIVERSITY DR  
STE 400  
CORAL SPRINGS FL 33071  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1515 UNIVERSITY DR  
Suite, Apt. #, etc. 115A

3. Mailing Address  
1515 UNIVERSITY DR  
Suite, Apt. #, etc. 115A

City & State  
CORAL SPRINGS

City & State  
CORAL SPRINGS FL

Zip  
33071

Country  
BRWD

4. FEI Number 65-0542084

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALLYN, SUZANNE R  
1999 UNIVERSITY DR  
STE 400  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1515 UNIVERSITY DRIVE, STE 115A  
CORAL SPRINGS  
City  
FL Zip Code  
33071

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.

SIGNATURE *Suzanne R Allyn* as President DATE 4/10/01  
(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLYN, SUZANNE R		NAME		
STREET ADDRESS	1999 UNIVERSITY DR STE 400		STREET ADDRESS	1515 UNIVERSITY DR, STE 115A	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Suzanne R Allyn* 4/10/01 954-344-2022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)