

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90052 041 \*\*\*150.00

**DOCUMENT # P94000063593**

1. Entity Name  
**HODAN PSYCHOLOGICAL SERVICES, P.A.**

Principal Place of Business

~~2531 LANDMARK DR.~~ **150 153rd Ave**  
~~SUITE 203~~ **Suite 204**  
~~CLEARWATER FL 33761~~ **Madeira Beach, FL**  
~~US~~ **33708**

Mailing Address

~~2531 LANDMARK DR~~  
~~SUITE 203~~ **SAME**  
~~CLEARWATER FL 33761~~  
~~US~~

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

**59-3272356**

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

**HODAN, GERALD J.**  
**2531 LANDMARK DR**  
**CLEARWATER FL 33761**

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.

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 \$150.00**  
**After May 1, 2002 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HODAN, GERALD**  
 CITY-ST-ZIP **556 HOLLOWTREE PLACE**  
**TARPON SPRINGS FL -**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **14920 DAYSHORE DRIVE 16446 Redington Dr**  
 CITY-ST-ZIP **MADERIA BEACH, FL 33708 Redington Beach, FL**  
**33708**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: Gerald Hodan Gerald Hodan

1/ /002 727-725-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)