

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085235

1. Entity Name

NATIONAL PSYCHIC ASSOCIATION, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90140 018 ***150.00

Principal Place of Business

7200 W CAMINO REAL
#300
BOCA RATON FL 33433

Mailing Address

7200 W CAMINO REAL
#300
BOCA RATON FL 33433

2. Principal Place of Business

925 S. Federal Hwy
Suite, Apt. #, etc.
375

3. Mailing Address

925 S. Federal Hwy
Suite, Apt. #, etc.
375

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-0535647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELGER, DAVID
7731 MANDARIN DR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

925 S. Federal
Hwy Suite 375
City BOCA RATON FL Zip Code 33432

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, 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

TITLE D ☐ Delete
NAME FELGER, DAVID
STREET ADDRESS 7200 W CAMINO REAL, SUITE 300
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 925 S. Federal Hwy (Suite 375)
CITY-ST-ZIP BOCA RATON FL 33432

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)