

2001 ~~UNIFORM~~ BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90304 042 ***150.00

027307

DOCUMENT # P96000001715

1. Entity Name

JULSONNET PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

**4801 S UNIVERSITY DRIVE
 DAVIE FL 33328
 US**

Mailing Address

**4801 S UNIVERSITY DRIVE
 DAVIE FL 33328
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#222

Suite, Apt. #, etc.
#222

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

~~JANICE B HOLLAND CPA~~
~~2844 UNIVERSITY DRIVE~~
~~CORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent

Name **Sharon K Julsonnet**

Street Address (P.O. Box Number is Not Acceptable)
4801 S University Drive

#222

City **Davie**

FL

Zip **33328**

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

Sharon K. Julsonnet, Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-01

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **JULSONNET, SHARON K**
 CITY-ST-ZIP **1724 BREAKERS WAY
 FT. LAUDERDALE FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Sharon K. Julsonnet, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon K. Julsonnet

3-29-01 (954) 680-2646
 Date Daytime Phone #

CR2E034 (10/00)

A0040809



DO NOT WRITE IN THIS SPACE