

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT: P 960000 14-396

1. Entity Name

BARBARA WARSETSKY LCSW PA

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91338 030 ***150.00

00004122

Principal Place of Business
11480 W SAMPLE RD
Suite, Apt. #, etc.3. Mailing Address
11480 W SAMPLE RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip
33065
CountryCity & State
CORAL SPRING FL
Zip
33065
Country4. FEI Number
65-0642530Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARSETSKY, BARBARA
11480 WEST SAMPLE RD
CORAL SPRING, FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D	WARSETSKY, GERRY	4100 POWERLINE RD, SUITE P-5	POMPANO BEACH FL 33073	☐
D	WARSETSKY, BARBARA	4100 POWERLINE RD, SUITE P-5	POMPANO BEACH FL 33073	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #