

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102788

1. Entity Name

GAIL W. MOCK, PSY.D., P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90008 035 \*\*\*150.00

Principal Place of Business

Mailing Address

7758 WALLACE RD  
 SUITE 10  
 ORLANDO FL 32819  
 US

7758 WALLACE RD  
 SUITE 10  
 ORLANDO FL 32819-7217  
 US

2. Principal Place of Business

1768 PARK CENTER DR

3. Mailing Address

1768 PARK CENTER DR

Suite, Apt. #, etc.

270

Suite, Apt. #, etc.

270

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

59-3419953

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

MOCK, GAIL W  
 6054 TARAWOOD DR.  
 ORLANDO FL 32819

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

*Gail W Mock*

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

(NOTE: Registered Agent signature required when reinstating)

4/21/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MOCK, GAIL W	
STREET ADDRESS	6054 TARAWOOD DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gail W Mock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

DATE

(407) 523 1213

Daytime Phone #

CR2E034 (9/99)