

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91070 037 ***150.00

DOCUMENT # P97000018214

1. Entity Name

DOUGLAS P. GIBSON, PSY.D., P.A.

Principal Place of Business

Mailing Address

DOUGLAS P. GIBSON, PSY D. P.A.
 HOLLYWOOD FL 33021

5700 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33021
 US

A0069214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3990 Sheridan St.

3990 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33021

USA

33021

USA

4. FEI Number

65-0732380

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 Address

GIBSON, DOUGLAS P PSY.D
 5700 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33021

Name
 Gibson, Douglas P. Psy.D.
 Street Address (P.O. Box Number is Not Acceptable)
 3990 Sheridan St.
 Suite 104
 City Hollywood FL Zip Code 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME GIBSON, DOUGLASS P PSY.D
 STREET ADDRESS 5700 HOLLYWOOD BOULEVARD
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3990 Sheridan ST #104
 CITY-ST-ZIP Hollywood FL 33021

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 #

Douglas P. Gibson

4/25/01

9549663223

CR2E034 (10/00)