

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000074191** ✓
 1. Entity Name
JAY D STEELE PSY.D. PA. ✓

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 001 ***150.00

B0091895

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
500 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411

2. Principal Place of Business 3. Mailing Address
500 Royal Palm Beach Blvd. **500 Royal Palm Beach Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Royal Palm Beach, FL **Royal Palm Beach, FL**
 Zip Zip Country Country
33411 **33411** **Palm Beach** **Palm Beach**

4. FEI Number Applied For
65-0860784 ✓ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CSC
2 World Trade Center
Suite 8746
New York, N.Y. 10048-0203

7. Name and Address of New Registered Agent
 Name **Jay D Steele Psy.D. PA.**
 Street Address (P.O. Box Number is Not Acceptable)
500 Royal Palm Beach Blvd
 City **Royal Palm Beach, FL** Zip Code **33411**

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 **JAY D. STEELE** DATE **4/26/2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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
 TITLE **PRESIDENT** ☐ Delete
 NAME **Jay D. Steele Psy.D.**
 STREET ADDRESS **500 Royal Palm Beach Blvd**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 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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 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: **JAY D. STEELE** DATE **4/26/2000** 561 790 4855
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)