

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006086

1. Entity Name

PSYCH SERVICES, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90219 043 ***150.00

Principal Place of Business

Mailing Address

1946 NW 54TH AVENUE
MARGATE FL 33063

1946 NW 54TH AVENUE
MARGATE FL 33063-3701

2. Principal Place of Business

1402 N. STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Address

1402 N. STATE ROAD 7

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARGATE FLORIDA

City & State
MARGATE FLORIDA

4. FEI Number 65-0892547

Applied For
Not Applicable

Zip
33063-2836

Country

Zip
33063-2836

Country

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

BUIKUS, DONALD H
1946 NW 54TH AVENUE
MARGATE FL 33063

Name
BUIKUS, DONALD H.

Street Address (P.O. Box Number is Not Acceptable)
1402 N. STATE ROAD 7

City MARGATE FL Zip Code 33063-2836

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

DON BUIKUS 4/5/00

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
NAME BUIKUS, WILLIAM R
STREET ADDRESS 1946 NW 54TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME BUIKUS, WILLIAM R.
STREET ADDRESS 1402 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063-2836 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: William R. Buikus, President 4-5-00 954 974-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)