

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 011 ***150.00

DOCUMENT # P99000006840

1. Entity Name

PHYLLIS DALE, LCSW, INC.



Principal Place of Business

6180 SUN BOULEVARD
#3060
SAINT PETERSBURG FL 33715

Mailing Address

6180 SUN BOULEVARD
#3060
SAINT PETERSBURG FL 33715

94027091

2. Principal Place of Business

21410 TOWN LAKES DRIVE

Suite, Apt. #, etc. # 917

3. Mailing Address

21410 TOWN LAKES DRIVE

Suite, Apt. #, etc. # 917



MOORE

CR2E034 (11/03)

City & State

BOCA RATON FL 33486

City & State

BOCA RATON

4. FEI Number

59-3555403

Applied For

Not Applicable

Zip

33486

Country

PALM BEACH

Zip

33486

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME DALE, PHYLLIS
STREET ADDRESS 6180 SUN BOULEVARD
CITY-ST-ZIP SAINT PETERSBURG FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☐ Addition
NAME DALE, PHYLLIS
STREET ADDRESS 21410 TOWN LAKES DRIVE #917
CITY-ST-ZIP BOCA RATON FL 33486

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Dale* PHYLLIS DALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

Date

561-955-9895

Daytime Phone #