

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90038 005 ***150.00

DOCUMENT # S20149

1. Entity Name

WARNER J. CONNICK, PSY.D, P.A.

Principal Place of Business

~~96 WILLARD STREET~~
~~SUITE 101 (MARINER SQ.)~~
 COCOA FL 32922
 US

Mailing Address

~~96 WILLARD STREET~~
~~SUITE 101 (MARINER SQ.)~~
 COCOA FL 32922
 US

2. Principal Place of Business

1970 Michigan Ave
 Suite Apt. #, etc. **Ste J-2**

3. Mailing Address

1970 Michigan Ave
 Suite Apt. #, etc. **Ste J-2**

City & State

COCOA, FL.

City & State

COCOA, FL.

Zip

32922

Country

USA

Zip

32922

Country

USA

4. FEI Number

59-3046384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONNICK, WARNER J.

~~96 WILLARD STREET SUITE 101~~
COCOA FL 32922

7. Name and Address of New Registered Agent

Name **CONNICK, WARNER J.**

Street Address (P.O. Box Number is Not Acceptable)

1970 Michigan Ave, Ste J-2

City **COCOA**

FL

Zip Code **32922**

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, 2002 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 **DPTS (same)** ☒ Delete
 NAME **CONNICK, WARNER J. (same)**
 STREET ADDRESS **96 WILLARD STREET SUITE 101**
 CITY-ST-ZIP **COCOA FL 32922 (same)**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition
 NAME **CONNICK, WARNER J.**
 STREET ADDRESS **1970 Michigan Ave, Ste J-2**
 CITY-ST-ZIP **COCOA, FL. 32922**

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: **SIGNATURE OF WARNER J. CONNICK, PSY.D., P.A.** **01/06/02** **(321) 639-4483**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date
 Daytime Phone # **321-639-4483**

CR2E034 (9/01)