

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90001 016 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **V05926** ✓  
 1. Entity Name  
**Bee and Wise Psychological Testing Services, P.A.** ✓

Principal Place of Business Mailing Address  
**3716 University Blvd. So. STE 6 P.O. Box 16952**  
**JACKSONVILLE, FL 32216 JAX, FL.**  
**32245-6952**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3101007** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Val Bee, VAK**  
**3716 UNIVERSITY BLVD. S. STE 6**  
**JACKSONVILLE, FL 32257**

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.  
 SIGNATURE **Val Bee** **Val Bee pres 4/26/00**  
 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, 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 ☐ Delete  
 NAME **PVST Bee, VAK**  
 STREET ADDRESS **3716 UNIVERSITY BLVD. STE 6**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 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 ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Val Bee** **Val Bee pres 4/26/00** 904-636-9623  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)