

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47890

1. Entity Name

JOSEPH HARTMAN CONSULTING PSYCHOLOGY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90129 014 ***150.00

Principal Place of Business

Mailing Address

5700 ST. AUGUSTINE ROAD
SUITE 211
JACKSONVILLE FL 32207
US

5700 ST. AUGUSTINE ROAD
SUITE 211
JACKSONVILLE FL 32207-8050
US

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

SOME

SAME

Zip

Country

Zip

Country

SOME

SOME

SOME

SOME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTMAN, JOSEPH H., PH. D.
3827 PONCE DE LEON BLVD.
JACKSONVILLE FL 32217

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HARTMAN, JOSEPH H**
CITY-ST-ZIP **5700 ST AUGUSTINE RD. #100**
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

JOSEPH HARTMAN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 (904)636-5757

Date

Daytime Phone #

CR2E034 (9/99)