

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31117

1. Entity Name

SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90006 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8200 SW 140TH AVENUE  
 MIAMI FL 33183

P.O. BOX 832891  
 MIAMI FL 33283-2891  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0116483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELMORE, VERA B.  
 8200 SW 140 AVE.  
 SUITE 1800  
 MIAMI FL 33183

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

*Vera B Selmore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	SELMORE, VERA B.
STREET ADDRESS	8200 SW 140 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	FLUITT, SANDRA
STREET ADDRESS	916 ADELPHI COURT
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> Delete
NAME	SELMORE, KIMBERLY A.
STREET ADDRESS	2150 TRAYMORE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	WASHINGTON, MICHAEL S
STREET ADDRESS	8200 SW 140 AVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, GAYLE E.
STREET ADDRESS	11400 N.KENDALL DR.#212
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	COLBERT, DAISY S.
STREET ADDRESS	60 EVERGREEN AVENUE
CITY-ST-ZIP	ST. AUGUSTINE FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Vera B Selmore* *6-10-00* *305-388-1284*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)