

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-14-2001 90209 036 ****61.25

DOCUMENT # N31117

1. Entity Name

SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND

Principal Place of Business

Mailing Address

8200 SW 140TH AVENUE
 MIAMI FL 33183

P.O. BOX 832891
 MIAMI FL 33182
 US

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

65-0116483

Applied For

Not Applicable:

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	(Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC S. Washington	
STREET ADDRESS	8200 SW 140 Ave	
CITY-ST-ZIP	MIAMI, FL 33183	
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)(j), 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* REVEREND *Vera B. Selmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

305-388-1084

Daytime Phone #

CR2E037 (10/00)