

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 012 ***150.00

DOCUMENT # **P00000094036**

1. Entity Name

PAMELA D. BRATTON, Ph.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4319 S. RIDGEWOOD AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 214704

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE, FL

City & State

S. DAYTONA, FL

Zip

32127

Country

USA

Zip

32121

Country

USA

4. FEI Number

59-3677069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **PAMELA BRATTON**

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

1242 THOMASINA DR.

City

PORT ORANGE, FL FL

Zip Code

32129

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

Pamela D. Bratton, Ph.D.

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PAMELA D. BRATTON, Ph.D.
4319 S. RIDGEWOOD AVE
PORT ORANGE, FL 32127**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PAMELA D. BRATTON Ph.D.**

Pamela D Bratton Ph.D

Date

Daytime Phone #

4/20/02

(386)

788-9053

CR2E034B (12/01)