

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90087 039 ***150.00

DOCUMENT # P01000070846

1. Entity Name
**CENTER FOR ACCENT REDUCTION AND COMMUNICATION, P
 A.**

Principal Place of Business Mailing Address
3349 LAKEVIEW OAKS DR. **3349 LAKEVIEW OAKS DR.**
LONGWOOD FL 32779 **LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

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 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

MILLER, PAMELA G
3349 LAKEVIEW OAKS DR.
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela G. Miller* 8/13/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	DPST MILLER, PAMELA G 3349 LAKEVIEW OAKS DR. LONGWOOD FL 32779		

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: *Pamela G. Miller* 8/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (4/02)

Attachment

976100

PO/000870846

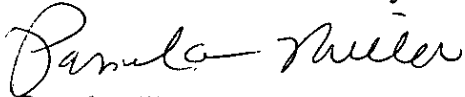
8/13/02

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302

To Whom it May Concern:

I am filing my Uniform Business Report today along with a \$150.00 check made payable the Department of State. I would like to ask forgiveness of the \$400 late fee as I did not receive my first notice in the mail. I am filing this report with my second notice. Please let me know if there are any problems with this request as I do not wish to dissolve the corporation. I may be reached at 407-833-8337.

Thanking you in advance for your consideration,



Pamela Miller, M.A. CCC-SLP
Center for Accent Reduction and Communication