

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90416 044 \*\*\*150.00

DOCUMENT # **PO1000096157**

1. Entity Name  
**Vivian Raleigh, L.C.S.W., P.A.**

Principal Place of Business Mailing Address  
**6385 Presidential Court**  
**Suite 102**  
**Ft. Myers, FL 33919**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc P.O. Box 101552  
 Suite, Apt. #, etc

City & State City & State  
**Cape Coral FL**

Zip Country Zip Country  
**33914 USA**

4. FEI Number Applied For  
**05-1156225** Not Applicable

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

**Vivian Raleigh**  
**2701 SW 29th**  
**Cape Coral, FL 33914**

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 **Vivian Raleigh**

DATE **4/26/02**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President	Vivian Raleigh	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2701 SW 29th	Cape Coral FL 33914		
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

CR2E034 (11/00)

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: **Vivian Raleigh**