

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 022 ***150.00

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DOCUMENT # P94000003626

1. Entity Name

BRUCE A. STOKLEY, LMHC, P.A.



Principal Place of Business
202 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751
US

Mailing Address
202 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3215633**

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

STOKLEY, BRUCE A
202 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P STOKLEY, BRUCE A
1031 MANCHESTER CIRCLE
WINTER PARK FL 32792

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-05-03

Date

(407)

691-0477

Daytime Phone #

CR2E034 (4/03)

Attachment

80137179

BRUCE A STOKLEY, LMHC, PA

#P94000003626

Licensed Mental Health Counselor Board Certified Master Addictions Counselor

AUGUST 5, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

- P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314

RE: BRUCE A. STOKLEY, LMHC, PA

FEE NUMBER: 59-3215633

I AM WRITING TO REQUEST A WAIVER OF THE LATE
FEE FOR THE 2003 PROFIT CORPORATION UNIFORM BUSINESS
REPORT. I DID NOT RECEIVE THE FORM IN JANUARY
2003 AND THEREFORE DID NOT FILE OR PAY THE
\$150.00 FEE BEFORE MAY 2003.

ENCLOSED IS THE \$150.00 FEE AND THE COMPLETED
REPORT.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,

B

BRUCE A. STOKLEY, LMHC, PA

LICENSED MENTAL HEALTH COUNSELOR