2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000003632**

1. Entity Name

City & State

Zip

SIGNATURE

11.

TITLE

NAME

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TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

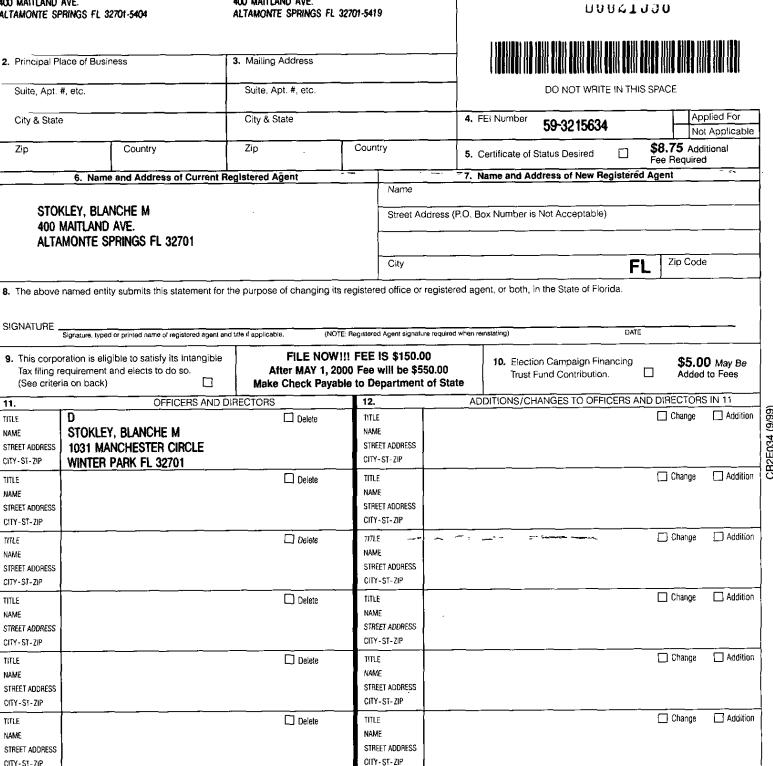
CITY-ST-7IP

BLANCHE M. STOKLEY, LMHC, P.A.

Mailing Address Principal Place of Business 400 MAITLAND AVE. 400 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701-5419 ALTAMONTE SPRINGS FL 32701-5404

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90058 003 ***150.00



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

SIGNATURE: