

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003632

1. Entity Name

BLANCHE M. STOKLEY, LMHC, P.A.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90600 005 ***150.00

0041595

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

Mailing Address
400 MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701-5404

00017033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
202 Lookout Place
Suite, Apt. #, etc.
Suite 100
City & State
Maitland, FL
Zip
32751
Country
USA

3. Mailing Address
202 Lookout Place
Suite, Apt. #, etc.
Suite 100
City & State
Maitland, FL
Zip
32751
Country
USA

4. FEI Number 59-3215634
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STOKLEY, BLANCHE M
400 MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
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 Blanche M. Stokley
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 \$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		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKLEY, BLANCHE M		NAME		
STREET ADDRESS	1031 MANCHESTER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32701		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Blanche M. Stokley 02/09/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)