

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003632

1. Entity Name
BLANCHE M. STOKLEY, LMHC, P.A.

Principal Place of Business
202 LOOKOUT PLACE
STE 100
MAITLAND FL 32751

Mailing Address
202 LOOKOUT PLACE
STE 100
MAITLAND FL 32751

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 59-3215634

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, BLANCHE M
400 MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

Name Blanche M. Stokley
Street Address (P.O. Box Number is Not Acceptable)
202 Lookout Place, Suite 100
Maitland,
City FL Zip Code 32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STOKLEY, BLANCHE M**
CITY-ST-ZIP **1031 MANCHESTER CIRCLE**
WINTER PARK FL 32701

TITLE ☒ Change ☐ Addition
NAME **STOKLEY, Blanche M.**
STREET ADDRESS **1031 Manchester Circle**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Jan 3, 2002 (407) 691-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90011 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)