

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90278 046 \*\*\*150.00

**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

4. FEI Number **59-3215634**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**STOKLEY, BLANCHE M  
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 **D** ☐ Delete  
NAME **BLANCHE, STOKLEY M**  
STREET ADDRESS **1031 MANCHESTER CIRCLE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Blanche M. Stokley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/03

(407) 691-0477

Date

Daytime Phone #

CR2034 (4/03)

Attachment  
90149782  
P94000003632

**BLANCHE M STOKLEY, LMHC, PA**  
**Licensed Mental Health Counselor Certified Eating Disorder Specialist**

August 5, 2003

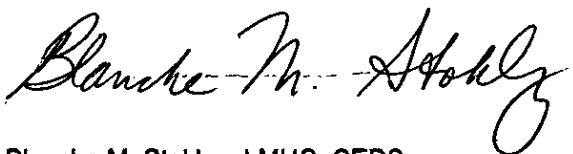
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE : Blanche M. Stokley LMHC, PA  
FEI Number :59-3215634

I am writing to request a waiver of the late fee for the 2003 for 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 of this matter.

Sincerely,



Blanche M. Stokley, LMHC, CEDS  
Licensed Mental Health Counselor