

**FOR PROFIT CORPORATION *
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 08:00 AM
Secretary of State ATX

DOCUMENT # P9400049540	
1. Entity Name	
FAMILY COURT EDUCATION & MEDIATION SERVICES	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8 BROADWAY Suite, Apt. #, etc. 3226 City & State KISSIMMEE, FL Zip 34741		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3248563	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SUZANNE BAINES	
Street Address (P.O. Box Number is Not Acceptable) EIGHT BROADWAY	
City KISSIMMEE	State FL
Zip Code 34741	

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUZANNE BAINES EIGHT BROADWAY STE 3226 KISSIMMEE FL 34741
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000353103 05/03/05-80053-014 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne Baines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27 407 981-171