

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90136 032 \*\*\*150.00

**DOCUMENT # P95000050740**

1. Entity Name

**PAMELA A. BAKER, M.S., L.M.H.C., R.C.E., AND ASS**

Principal Place of Business

Mailing Address

~~117 S 2ND ST~~  
~~204~~  
FT. PIERCE FL 34950  
US

~~117 S 2ND ST~~  
~~204~~  
FT. PIERCE FL 34950  
US

2. Principal Place of Business

*207 Atlantic Ave.*

3. Mailing Address

*207 Atlantic Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*FT Pierce FL*

City & State

*FT Pierce FL*

Zip

*34950*

Country

*St. Lucie*

Zip

*34950*

Country

*St. Lucie*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, PAMELA A**  
**2100 SUNRISE BLVD.**  
**STE. D**  
**FT PIERCE FL 34950**

Name

Street Address (P.O. Box Number is Not Acceptable)

*207 Atlantic Ave*

City

*FT Pierce*

FL

Zip Code

*34950*

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

*Pamela A Baker*

*4/17/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, PAMELA A</b>	
STREET ADDRESS	<b>117 S 2NDST STE 204</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, JUDITH A</b>	
STREET ADDRESS	<b>117 S SECOND ST STE-204</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34950</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>207 Atlantic Ave.</i>	
CITY-ST-ZIP	<i>FT Pierce FL 34950</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>207 Atlantic Ave</i>	
CITY-ST-ZIP	<i>FT Pierce FL 34950</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Pamela A Baker*

*4/17/01*

*561-468-6678*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)