

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

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90259 004 ***150.00

DOCUMENT # **P95000050740**
1. Entity Name **Pamela A. Baker MS, LMHC, RCE and Assoc. Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **207 Atlantic Ave**
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Ft Pierce FL**
Zip **34950** Country **St Lucie**

4. FEI Number **65-0648307**
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Pamela A. Baker**
Street Address (P.O. Box Number is Not Acceptable)
207 Atlantic Ave
City **Ft Pierce** State **FL** Zip **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** DATE **4/25/02**
(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)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / Secretary Pamela A. Baker 207 Atlantic Ave Ft Pierce FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President / Treasurer Judith A. Nelson 207 Atlantic Ave Ft Pierce FL 34950
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Pamela A. Baker** DATE **4/25/02** DAYTIME PHONE # **772-468-6678**
(Signature and typed or printed name of signing officer or director)

CR2E034B (12/01)