

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90040 044 ***150.00

DOCUMENT # P99000030721

1. Entity Name

KIMBERLY H. FLOWERS PSYCHOTHERAPY & CONSULTATION

Principal Place of Business

Mailing Address

**418 W. ALFRED ST., SUITE 4
TAVARES FL 32778**

**418 W. ALFRED ST., SUITE 4
TAVARES FL 32778**

2. Principal Place of Business

405 E. ALFRED ST.

3. Mailing Address

405 E. ALFRED ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL 32778

City & State

TAVARES, FL

4. FEI Number

59-3563448

Applied For

Not Applicable

Zip

32778

Country

US

Zip

32778

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLOWERS, KIMBERLY H
418 W. ALFRED ST., SUITE 4
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **KIMBERLY H. FLOWERS**

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

405 E. ALFRED ST.

City

TAVARES,

FL

Zip Code

32778

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, KIMBERLY H	
STREET ADDRESS	418 W. ALFRED ST., SUITE 4	
CITY-ST-ZIP	405 E. ALFRED ST. TAVARES FL 32778	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1-20-01 352-742-8133

CR2E034 (10/00)