







Office of the Secretary of State STATEMENT OF INFORMATION

1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20241926973 Date Filed: 10/31/2024

| Entity Details | | | | | |
|--|--|---------|---|-----------------|--|
| Corporation Name | | | E. Penny Jacobo, Licensed Clinical Social Worker, Inc. | | |
| Entity No. | | 6428 | 6428004 | | |
| Formed In | | | CALIFORNIA | | |
| Street Address of Principal Office of Corpora | tion | | | | |
| Principal Address | | | 1802 WIND RIVER RD EL CAJON, CA 92019 | | |
| Mailing Address of Corporation | | | | | |
| Mailing Address | | | 1802 WIND RIVER RD | | |
| Attention | | | EL CAJON, CA 92019 | | |
| Street Address of California Office of Corpora | ation | | | | |
| Street Address of California Office | | | None | | |
| Officers | | | | | |
| Officer Name | Officer Address | | Position(s) | | |
| + Elizabeth Penelope Jacobo | 1802 WIND RIVER RD EL CAJON, CA 92019 | Chie | Chief Executive Officer, Chief Financial Officer, Secretary | | |
| Additional Officers | | | | | |
| Officer Name | Officer Address | | Position | Stated Position | |
| Officer Name | | | | Stated Position | |
| | None | Entered | 1 | | |
| Directors | | | | | |
| Director Name | | | Director Address | | |
| + Elizabeth Penelope Jacobo | | | 1802 WIND RIVER RD EL CAJON, CA 92019 | | |
| The number of vacancies on Boar | d of Directors is: 0 | | | | |
| Agent for Service of Process | | | | | |
| California Registered Corporate Agent (1505) | | | LEGALINC REGISTERED AGENTS, INC. Registered Corporate 1505 Agent | | |
| Type of Business | | | | | |
| | | | | | |

Labor Judgment

Email Notifications

Type of Business

Opt-in Email Notifications

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

Clinical Social Work

Yes, I opt-in to receive entity notifications via email.

| Electronic Signature | | | | |
|--|---------------------------------------|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
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| Sam Mollaei | 10/31/2024 | | | |
| Signature | Date | | | |
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