

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000001826**

1. Entity Name

**SELECT COUNSELING SERVICES, INC.**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1941 GLENN LAKE CIRCLE  
 ST. PETERSBURG FL 33702

1941 GLENN LAKE CIRCLE  
 ST. PETERSBURG FL 33702-2145

2. Principal Place of Business

3. Mailing Address

2349 CENTRAL AV.  
 Suite, Apt. #, etc.

P.O. Box 142  
 Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

4. FEI Number

59-3507787

Applied For

Not Applicable

Zip 33713

Country FLORIDA

Zip 33701

Country FLORIDA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODDARD, FRANK W  
 2959 FIRST AVENUE NORTH  
 ST. PETERSBURG FL 33713

Name MICHAEL T. GRADY  
 Street Address (P.O. Box Number is Not Acceptable)  
 2349 CENTRAL AV.  
 City ST. PETERSBURG FL Zip Code 33713

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]*

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADY, MICHAEL T 1941 GLENLAKES CIR N ST PETERBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLUGMKE, KEITH 11901 ST NO #535 ST PETERBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRADY, THERESA M 1941 GLENLAKE CIR NO ST PETERBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, PRES, S&A, TRUST MICHAEL T. GRADY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, VICE PRES THERESA M. GRADY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other life empowered.

SIGNATURE:

*[Signature]*  
**REQUIRE**

4/28/00 (727) 327-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)