

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005206

FILED
Jan 22, 2003
Secretary of State

Entity Name: CHILDHOOD ANXIETY NETWORK INCORPORATED

Current Principal Place of Business:

30 S. J ST.
3A
LAKE WORTH, FL 33460

New Principal Place of Business:

30 S. J ST.
3A
LAKE WORTH, FL 33460 US

Current Mailing Address:

30 S. J ST.
3A
LAKE WORTH, FL 33460

New Mailing Address:

30 S. J ST.
3A
LAKE WORTH, FL 33460 US

FEI Number: 65-0946164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELTA, ROBERT K
30 S. J ST.
3A
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HELTA, ROBERT K
Address: 30 S. J ST., 3A
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: HELTA, THOMAS
Address: 1410 W. JENNINGS ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: VIZZARD, ANGELIQUE
Address: 30 S. J ST., 3A
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: SHIPON-BLUM, ELISA B
Address: 1130 HERKNESS DRIVE
City-St-Zip: MEADOWBROOK, PA 19046

Title: T () Delete
Name: BUSH, BURL W
Address: 4600 BOATMAN ST
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: SHIPON, MARK B ESQ
Address: #4 DEVONSHIRE COURT
City-St-Zip: BLUE BELL, PA 19422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K HELTA

D

01/22/2003

Electronic Signature of Signing Officer or Director

Date