

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90105 031 \*\*\*150.00

UBR/9/13  
AV

**DOCUMENT # P94000046984**

1. Entity Name  
**CENTER FOR FAMILY AND PERSONAL GROWTH, INC.**



Principal Place of Business  
**106 LIVE OAK ST  
VENICE FL 34292  
US**

Mailing Address  
**106 LIVE OAK ST  
VENICE FL 34292  
US**



2. Principal Place of Business  
**417 COMMERCIAL COURT  
SUITE, Apt. #, etc. SUITE E**

3. Mailing Address  
**417 COMMERCIAL CT  
SUITE, Apt. #, etc. SUITE E**

CHECK HERE IF MAKING CHANGES

City & State  
**VENICE, FL**

City & State  
**VENICE, FL**

4. FEI Number **65-0505069**

Applied For  
Not Applicable

Zip **34292** Country **USA**

Zip **34292** Country **USA**

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

**STEINER, JUDITH  
106 LIVE OAK ST  
VENICE FL 34292**

Name **JUDITH STEINER**  
Street Address (P.O. Box Number is Not Acceptable)  
**417 COMMERCIAL CT.  
SUITE E**  
City **VENICE** FL Zip Code **34292**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STEINER, JUDITH 9013 FALCON CT VENICE FL 34293	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Judith Steiner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/03 94-485-8896  
Date Daytime Phone #

CR2E034 (10/02)