## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 744231** 

1. Entity Name



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90523 032 \*\*\*\*70.00

ABUSE C	Ounseling and treatmen	IT, INC.								
Principal Plac P.O. BOX 6040 FT MYERS FL US	н	Mailing Address P.O. BOX 60401 FT MYERS FL 33908-0401 US			  - 	14 <b>4</b> 17 <b>5</b> 167 <b>6</b> 17 <b>86</b> 137 <b>6</b>	I MAN ONDI DINI MAN	1 <b>212</b> 11 <b>0</b> 10	TI <b>476</b> 14 T <b>44</b> 1	
2. Principal P	Place of Business	3. Mailing Address		**				111111111		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE	IF MAKING CH	ANGES		
City & State		City & State			4. FEI Number 59-1864735			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		<b>75</b> Add Require		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New F	legistered Agen	t		
BOWER, MARSHALL 15031 PUNTA ROSSA			Name -	ddress (f	Dixie Lee McCollaum  Iress (P.O. Box Number is Not Acceptable)  37:7 Chotham St.					
# 806					<u> </u>	<u> </u>	•	_		
FORT MY	'ERS FL 33908		City	For	t Muers		FL	Zip Code	907	
	named entity submits this statement for	the purpose of changing its re	egistered office or		ed agent, or both, in	n the State of Fk	orida. I am famili			
the obligat	tons of registered agent.	<u> </u>								
(	(a Studen MY ) a	Wa u				,	01-16-1	J.K.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	ure required	when reinstating)		DATE	<u>ر. ب</u>		
	_/		<del></del>			<del></del>				
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor										
	FILE NOW: FEE IS \$61.25		-		<b>\$5.00</b> May Be Added to Fees		ike Check Pa da Departme			
	OFFICERS AND DIF	Trust Fund Cor	-	A	Added to Fees	Florid	da Departme	nt of S	State 10	
10. TITLE	OFFICERS AND DIR	Trust Fund Cor	11.	□ 	Added to Fees  ODITIONS/CHANGE  Sident	Florid	RS AND DIRECT	ORS IN	State	
TITLE NAME	OFFICERS AND DIF PD BOWER, MARSHALL	Trust Fund Cor	11.	□ 	Added to Fees  ODITIONS/CHANGE  Sident	Florid	RS AND DIRECT	ORS IN	State 10	
10. TITLE	OFFICERS AND DIF PD BOWER, MARSHALL 15031 PUNTA ROSSA, #806	Trust Fund Cor	11.	□ 	Added to Fees  ODITIONS/CHANGE  Sident	Florid	RS AND DIRECT	ORS IN	State 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD BOWER, MARSHALL	Trust Fund Cor	11.	□ 	Added to Fees	Florid	RS AND DIRECT  LUM  33907	ORS IN	State 10	
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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 cath; 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 an address, with all other like empowered.

SIGNATURE: