2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90024 035 ***150.00

DOCUMENT # 532322

1. Entity Name
LAPP AND ASSOCIATES BEHAVIORAL COUNSELING CENTER S, P.A.

Principal Place of Business	Mailing Address
% GRANT. WILLIAM H.. III 859 PARK AVE.. STE 104 ORANGE PARK FL 32073	% GRANT. WILLIAM H.. III 859 PARK AVE.. STE 104 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Ennis, Pellum + Griggs P.A.	c/o Ennis, Pellum + Griggs, P.A
Suite, Apt. #, etc.: 5150 Belfort Rd. S., #600	Suite, Apt. #, etc.: 5150 Belfort Rd. S, Bldg 600
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32256 Country: U.S.	Zip: 32256 Country: U.S.

4. FEI Number 59-2154334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, WILLIAM H., III
859 PARK AVE., SUITE 104
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: Ennis Pellum & Griggs, P.A
Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Rd. S.
Bldg. # 600
City: Jacksonville **FL** Zip Code: 32256

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: DAVID J. ISELBORN, CPA — David J. Selborn, CPA — 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LAPP, JOHN E. 931 CASSAT AVENUE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Lapp — JOHN E. LAPP — 4/24/02 — (904) 388 2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)