

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760262

1. Entity Name

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVIC

Principal Place of Business

11254 58 ST.NO.  
PINELLAS PARK FL 33782-213  
US

Mailing Address

11254 58 ST.NO.  
PINELLAS PARK FL 33782-2213  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3153549

Applied For

Not Applicable

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

WEDEKIND, THOMAS  
11254 58 ST.NO.  
PINELLAS PARK FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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	PD	<input type="checkbox"/> Delete
NAME	REMMING, KEN L.	
STREET ADDRESS	11254 58TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUETZLOE, ELEANOR	
STREET ADDRESS	11254 58TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENLEY, LILA	
STREET ADDRESS	11254 58TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELL, DICK	
STREET ADDRESS	11254 578TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: Ken Remming 1-28-00 727-545-6477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90118 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)