

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 760262**

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| 1. Entity Name PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. | | | |
| Principal Place of Business 11254 58 ST.NO. PINELLAS PARK FL 33782213 US | | Mailing Address 11254 58 ST.NO. PINELLAS PARK FL 33782213 US | |
| 2. Principal Place of Business 11254 58 ST.NO. | | 3. Mailing Address 11254 58 ST.NO. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PINELLAS PARK FL | | City & State PINELLAS PARK FL | |
| Zip 337822213 | Country US | Zip 337822213 | Country US |
| 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 US | | Name WEDEKIND, THOMAS Street Address (P.O. Box Number is Not Acceptable) 11254 58 ST.NO. City PINELLAS PARK FL Zip Code 337822213 | |
| 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 _____ | | DATE 03/06/2001 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstalling) | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | ID BELL DICK 11254 578TH ST. NO. PINELLAS PARK FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID BELL DICK 11254 578TH ST. NO. PINELLAS PARK FL 337822213 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID HENLEY LILA 11254 58TH ST. NO. PINELLAS PARK FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID HENLEY LILA 11254 58TH ST. NO. PINELLAS PARK FL 337822213 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID VPD GUETZLOE ELEANOR 11254 58TH ST. NO. PINELLAS PARK LF | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID VPD GUETZLOE ELEANOR 11254 58TH ST. NO. PINELLAS PARK LF 337822213 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID PD REMMING KEN L. 11254 58TH ST. NO. PINELLAS PARK FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID PD REMMING KEN L. 11254 58TH ST. NO. PINELLAS PARK FL 337852221 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ID Change Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 | | PD 03/06/2001 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

CR2E037 (11/00)