

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 08:00 AM
Secretary of State

DOCUMENT # 760262

1. Entity Name
 PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, IN C.

Principal Place of Business 11254 58 ST.NO. PINELLAS PARK 33782213	FL	Mailing Address 11254 58 ST.NO. PINELLAS PARK 33782213	FL
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2. Principal Place of Business 11254 58 ST.NO.	3. Mailing Address 11254 58 ST.NO.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PINELLAS PARK FL	City & State PINELLAS PARK FL
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Zip 337822213	Country US	Zip 337822213	Country US
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4. FEI Number 59-3153549	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEDEKIND, THOMAS
 11254 58 ST.NO.

 PINELLAS PARK FL
 33782 US

7. Name and Address of New Registered Agent

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 reinstating)

**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

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

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 337822213	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENLEY LILA 11254 58TH ST. NO. PINELLAS PARK FL 337822213	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUETZLOE ELEANOR 11254 58TH ST. NO. PINELLAS PARK LF 337822213	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMMING KEN L. 11254 58TH ST. NO. PINELLAS PARK FL 337852221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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

CR2E037 (11/00)