

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760262

1. Entity Name

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEDEKIND, THOMAS
11254 58 ST.NO.
PINELLAS PARK FL 33782-2213

4. FEI Number

59-3153549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **REMMING, KEN L.**
STREET ADDRESS **11254 58TH ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL 33785-2221**

TITLE **VPD** ☐ Delete
NAME **GUETZLOE, ELEANOR**
STREET ADDRESS **11254 58TH ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL 33782-2213**

TITLE **SD** ☐ Delete
NAME **HENLEY, LILA**
STREET ADDRESS **11254 58TH ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL 33782-2213**

TITLE **TD** ☐ Delete
NAME **BELL, DICK**
STREET ADDRESS **11254 578TH ST. NO.**
CITY-ST-ZIP **PINELLAS PARK FL 33782-2213**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90173 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)