

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90061 044 ***150.00

DOCUMENT # F96000006326

1. Entity Name

PSYCHOTHERAPEUTIC JUVENILE SERVICES, INC.

Principal Place of Business

Mailing Address

630 W. DIVISION ST.
 STE. F
 DOVER DE 19901

P.O BOX 690
 CHESTERTOWN MD 21620-0690
 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

52-1946690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, KASHTAN & FORNARIS, P.A.
241 SEVILLA AVE, PH2
CORAL GABLES FL 33134

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

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, 2000 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 | CP | <input type="checkbox"/> Delete |
| NAME | JONES, D. CHERRY | |
| STREET ADDRESS | 630 W. DIVISION ST., STE. F | |
| CITY-ST-ZIP | DOVER DE 19901 | |
| TITLE | CVS | <input type="checkbox"/> Delete |
| NAME | WOLF, RALPH S | |
| STREET ADDRESS | 630 W. DIVISION ST., STE. F | |
| CITY-ST-ZIP | DOVER DE 19901 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | COOPER, RANDALL L | |
| STREET ADDRESS | 630 W. DIVISION ST., STE. F | |
| CITY-ST-ZIP | DOVER DE 19901 | |
| 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"/> 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 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

Randall Cooper, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00

Date

410-728-9114

Daytime Phone #

CR2E034 (9/99)