2002 UNIFORM BUSINESS REPORT (UBR)

G79272 **DOCUMENT#**

PSYCHOLOGICAL AND COUNSELING CONSULTANTS, INC.

Principal Place of Business 1315 N. BRONOUGH ST. TALLAHASSEE FL 32303

Mailing Address

711 KENILWORTH RD. TALLAHASSEE FL 32312

US



09-12-2002 90061 029 ***550.00



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2. Principal F	Place of Business	3. Mailing	3. Mailing Address				810 1191 8/012 81 7 11 4 <u>4</u> 1	Bil Dizii	BUGU BUGU 1881	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City &	City & State			4. FEI Number 59-2736751 Applied For Not Applicable				
Zip Country		Zip	Zip		5.	5. Certificate of Status Desired See Required			ditional	
	6. Name and Address of Cu	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent							
-		3		Name		nome and Address of New He	egistered Agent			
SCALE	DR. LANCE D			Trains						
·				Street Address (P.O. Box Number is Not Acceptable)						
711 KENILWORTH ROAD					· · · · · · · · · · · · · · · · · · ·					
IALLAH	ASSEE FL 32312									
				City			FL Zi	p Code		
R The above	named entity submits this statem	ant for the number	o of observing its	agistored office o	r recietored an	and or both in the Chat-of Elec-	1	**1:		
the obligat	tions of registered agent.	ant for the purpose	e or changing its r	egistered office c	r registered ag	lent, or both, in the State of Floi	rida. I am familia	r with,	and accept	
OLONIATURE										
SIGNATURE	Signature, typed or printed name of registered	agent and title if applical	ble. (NOTE:	Registered Agent signa	ture required when re	einstating)	DATE			
					·	<u> </u>				
9. This corporation is eligible to satisfy its intangible FILE NOW!!! F						10. Election Campaign Fina	encina	\$5.0r	Λ	
Tax filing requirement and elects to do so. (See criteria on back)			After September 13, 2002 Fee will be \$750 Make Check Payable to Department of St.			750.00 Trust Fund Contribution				
	na on back)	☐ Make	E Check Payabi	e to Departmer	it of State					
11.	OFFICERS	AND DIRECTORS		12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS	S IN 11	
TITLE	COALE LANCE D		☐ Delete	TITLE	ŀ		☐ Ct	hange	Addition	
IAME	SCALF, LANCE D			NAME						
STREET ADDRESS	711 KENILWORTH ROAD			STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP						
TITLE	VP		☐ Delete	TITLE		- · · · ·	□ Cł	hange	☐ Addition	
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TREET ADDRESS	711 KENILWORTH ROAD			NAME	1					
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ITLE .	•	•	☐ Delete	TITLE	İ		☐ Ch	ange	Addition	
AME	74.			NAME						

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 populated 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 emp

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

(850) 656-6971

☐ Change

Addition