

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82766

1. Entity Name  
**ALTERNATIVES CHEMICAL DEPENDENCY CONSULTANT SERV**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91158 027 \*\*\*158.75

Principal Place of Business

**3065 TERRACE AVE.  
NAPLES FL 34104  
US**

Mailing Address

**3065 TERRACE AVE.  
NAPLES FL 34104  
US**

2. Principal Place of Business

**4628 C Tamiami Trail E**

3. Mailing Address

**3823 Tamiami Trail East**

Suite, Apt. #, etc.

**Suite, Apt. #, etc.  
PMB#183**

City & State  
**Naples, FL 34112**

City & State  
**Naples, FL 34112**

4. FEI Number **59-2830351**

Applied For  
Not Applicable

Zip Country  
**34112 USA**

Zip Country  
**34112 USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLAUSON, CAROL R.N.  
3065 TERRACE AVE.  
NAPLES FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4628 C Tamiami Trail East**

**Naples, FL 34112**

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, 2001 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 **SV** ☐ Delete  
NAME **REESE, CHARLES JR.**  
STREET ADDRESS **3065 TERRACE AVE.**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4628 C Tamiami Trail E**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE **PT** ☐ Delete  
NAME **SLAUSON, CAROL**  
STREET ADDRESS **3065 TERRACE AVE.**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4628 C Tamiami Trail E**  
CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Carol Slauson RN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01  
Date

941 775 2819  
Daytime Phone #

CR2E034 (10/00)