

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K04007

FILED
Jan 24, 2003
Secretary of State

Entity Name: INTENSIVE CRISIS COUNSELING SERVICE, INC.

Current Principal Place of Business:

2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2859061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREYS, JULIE
2834 REMINGTON GREEN CIRCLE
SUITE 202
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HUMPHREYS, FRED
Address: 8226 WESTMINSTER ABBEY BLVD
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: HUMPHREYS, JULIE
Address: 2834 REMINGTON GREEN CIRCLE SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE HUMPHREYS

PRES

01/24/2003

Electronic Signature of Signing Officer or Director

Date