

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55974

1. Entity Name
CENTER FOR COUNSELING & DIAGNOSTICS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90133 008 ***150.00

Principal Place of Business
1012 GOODLETTE RD., SUITE 200
NAPLES FL 34102
US

Mailing Address
1012 GOODLETTE RD., SUITE 200
NAPLES FL 34102
US

2. Principal Place of Business
1112 GOODLETTE RD., North

3. Mailing Address

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.

City & State
NAPLES, FL.

City & State

Zip Country
34102 USA

Zip Country

4. FEI Number 65-0092003

Applied For
Not Applicable

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

LANDY, ROBERT J
9672 LITCHFIELD LANE
~~FOURTH FLOOR~~
NAPLES FL 34109

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LANDY, ROBERT J.
9672 LITCHFIELD LANE
NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. LANDY,
PRESIDENT

4/20/2001 941-263-3312

Date

Daytime Phone #

CR2E034 (10/00)