2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # K57998 **Secretary of State** 1. Entity Name 03-14-2002 90003 047 ***150.00 FT. LAUDERDALE COUNSELLING SERVICES, INC. Principal Place of Business Mailing Address % ROBERT P. KELLEY 1215 SE 2ND AVE. #101 712 S.W. 13TH ST. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33316 2. Principal Place of Business Mailing Address To Elizabeth Blake Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1212 25 5 Ha City & State City & State 4. FEI Number Applied For 65-0090022 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired ÚŠÁ 33311 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Elizabeth Blake KELLEY, ROBERT P. Street Address (P.O. Box Number is Not Acceptable) 712 S.W. 13TH ST. FT. LAUDERDALE FL 33315 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☑ Delete CR2E034 (9/01 TITLE TITLE ☐ Addition ☐ Change KELLEY, ROBERT P. NAME NAME 712 S.W. 13TH ST. STREET ADDRESS STREET ADDRESS ft. Lauderdale fl CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLEY, MARY C. NAME STREET ADDRESS 712 S.W. 13TH ST. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP President de mond prim TITLE VΡ Delete TITLE -- -- --Change ☐ Addition Blake, Elizabeth 11400 ShadyLN NAME BLAKE, ELIZABETH NAME STREET ADDRESS 11400 SHADY LANE STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachmep. with an address, with all other like empowered.

Elizabeth Blake

SIGNATURE: