

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008628

1. Entity Name

INTEGRATIVE COUNSELING SERVICES, LLC

Principal Place of Business

Mailing Address

320 AVE E
KEY WEST FL 33040

320 AVE E
KEY WEST FL 33040

2. Principal Place of Business

302 Southard St.

3. Mailing Address

302 Southard St

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

Key WEST FL

City & State

Key WEST FL

Zip

33040

Country

monroe

Zip

33040

Country

monroe

4. FEI Number

65-1109909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUCY, PAMELA K

320 AVE E.

KEY WEST FL 33040

Name

SOUCY PAMELA K

Street Address (P.O. Box Number is Not Acceptable)

302 Southard St
#206

City

Key West

FL

Zip Code

33040

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

Pamela Soucy

29 APR 02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER / manager PAMELA K Soucy 302 Southard St #206 Key WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	financial / office manager ROBERT B. Soucy 302 Southard St #206 Key WEST, FL 33040	<input type="checkbox"/> Delete (non paid)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

29 APR 02

(305) 292-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90206 031 ***50.00

92702



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)