

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96621

1. Entity Name
CORE COUNSELING SERVICE, INC.Principal Place of Business
610 DUNLAWTON AVENUE
SUITE 1
PORT ORANGE FL 32127
USMailing Address
610 DUNLAWTON AVENUE
SUITE 1
PORT ORANGE FL 32127
US

2. Principal Place of Business

4319 So. Ridgewood Ave

3. Mailing Address

4319 So. Ridgewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Orange, FLCity & State
Port Orange, FLZip
32127Zip
32127Country
VolusiaCountry
Volusia4. FEI Number
59-3028402

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONTA, EMILIO A.
610 DUNLAWTON AVENUE
SUITE 1
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name
Same

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

4319 So. Ridgewood Ave

Port Orange,

City

FL

Zip Code

32127

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 State10. 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	PTD YONTA, EMILIO A. 5968 PELHAM DRIVE PORT ORANGE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 2930 Oriole Ave. Wilbur-By-The-Sea, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
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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

Date (386) 3/9/01 904-716-2405 Daytime Phone #