

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000000537**

1. Entity Name

ADOPTION HOME STUDY PROFESSIONALS, INC.

Principal Place of Business

**5207 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652**

Mailing Address

**5207 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

592939922

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MARTIN, BONNIE LCSW
5207 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652****7. Name and Address of New Registered Agent**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **DP** ☐ Delete
NAME **MARTIN, BONNIE LCSW**
STREET ADDRESS **6917 NARRA ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **DV** ☐ Delete
NAME **JULIAN, KIMBERLY BA**
STREET ADDRESS **9221 CRESTON AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**TITLE **DST** ☐ Delete
NAME **MARTIN, JOHN B LCSW**
STREET ADDRESS **6917 NARRA ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **D** ☐ Delete
NAME **PILATOVSKY, DIANE LMHC**
STREET ADDRESS **4948 FORECASTLE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)