## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000006188

Entity Name: AAR COUNSELING SERVICES INC

FILED Jul 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11983 NORTH TAMIAMI TRAIL NAPLES, FL 34110				1061 COLLIER CENTER WAY SUITE 6 NAPLES, FL 34110			
Current Mailing Address:				New Mailing Address:			
11983 NORTH TAMIAMI TRAIL NAPLES, FL 34110				1061 COLLIER CENTER WAY SUITE 6 NAPLES, FL 34110			
FEI Number:	59-3521065	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status	Desired (X)
Name and	Address of (	Current Registered Agent:		Name and	Address of N	New Registered A	gent:
716 104TH NAPLES, F		PRTH					
The above in the State		submits this statement for the pu	arpose o	f changing it	s registered c	office or registered a	agent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ager	nt			Date	_
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( SEAVEY, CHR 716 104TH AVI NAPLES, FL 3	ENUE NORTH		Title: Name: Address: City-St-Zip:	P (X SEAVEY, CHRI 716 104TH AVE NAPLES, FL 3	ENUE NORTH	
Title: Name: Address: City-St-Zip:	D ( FINER, THERE 9943 BOCA AV NAPLES, FL 3	/ENUE		Title: Name: Address: City-St-Zip:	T (X FINER, THERE 9943 BOCA AV NAPLES, FL 3	'ENUE	
Title: Name: Address: City-St-Zip:	D ( TRIPP, SHERF 181 MITCHELL HYANNIS, MA	S WAY		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	SINCLAIR, DOI 11253 1ST STE		
Title: Name: Address:	(	) Delete		Title: Name: Address:	D ( ) DENNING, LINE 3488 POINCIA		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SEAVEY P 07/06/2002