

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006605

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** COUNSELING AND BEHAVIOR MANAGEMENT CONSULTANTS, INC.

**Current Principal Place of Business:**

181 BUSH LOOP  
SAFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

5181 BUSH LOOP  
SANFORD, FL 32773

**New Mailing Address:**

181 BUSH LOOP  
SANFORD, FL 32773

**FEI Number:** 59-3746793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, STEPHEN P  
312 DUBLIN DR  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: BEACHAM, KIP D  
Address: 3315 REDASH CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Change (X) Addition  
Name: WILSON, DAVID D  
Address: 882 N.W. SUNSET DRIVE  
City-St-Zip: STUART, FL 34994 US

Title: P ( ) Change (X) Addition  
Name: NELSON, STEPHEN P P  
Address: 312 DUBLIN DRIVE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: S ( ) Change (X) Addition  
Name: NELSON, STEPHEN P S  
Address: 312 DUBLIN DRIVE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: T ( ) Change (X) Addition  
Name: TERWILLEGGER, BILL T  
Address: 309 WEST 15 STREET  
City-St-Zip: SANFORD, FL 32771 US

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: STEPHEN P NELSON

P

04/26/2002

Electronic Signature of Signing Officer or Director

Date