

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006605

FILED
Mar 05, 2003
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:

181 BUSH LOOP
SANFORD, FL 32773

New Mailing Address:

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

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

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

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

Title: T () Delete
Name: TERWILLEGER, BILL T
Address: 309 WEST 15 STREET
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

03/05/2003

Electronic Signature of Signing Officer or Director

Date