

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000002112

FILED  
Jan 08, 2003  
Secretary of State

**Entity Name:** A CRISIS PREGNANCY CENTER, INCORPORATED

**Current Principal Place of Business:**

600 N DIXIE PKWY  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 295  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

**FEI Number:** 59-3250189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYNOLDS, AMY  
600 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168

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

DON, BURLOCK R  
600 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168

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: DON R BURLOCK

01/08/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: REYNOLDS, FRANK  
Address: 309 PARK PLACE W  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete  
Name: PARA, KEVIN  
Address: 214 PALMETTO  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete  
Name: WOLFER, HANS  
Address: 551 N ATLANTIC AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Delete  
Name: WILSON, J.B.  
Address: 1769 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD (X) Delete  
Name: HANS, WOLFER  
Address: 551 N ATLANTIC AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: PD (X) Change ( ) Addition  
Name: REYNOLDS, FRANK  
Address: 309 PARK PLACE W  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change ( ) Addition  
Name: WILSON, J.B.  
Address: 1769 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: J.B. WILSON

TD

01/08/2003

Electronic Signature of Signing Officer or Director

Date