2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003457

1. Entity Name



Apr 15, 2003 8:00 am § Secretary of State 04-15-2003 90103 041 ****61.25

FILED

PROFESS	IONAL COUNSELING CENT	ER INC.)			
1301 N.E. 14TH ST. 1301		Mailing Address 1301 N.E. 14TH ST. OCALA FL 34470					
							JJ 135 1 1 33 1
2. Principal Place of Business		3. Mailing Address					1 00 100
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-	3444041		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Star		8.75 Addee Require	
	6. Name and Address of Curren	it Registered Agent	Nama	7. Name and Addre	ess of New Registered A	gent	
SHOOK, JAMES A			Name				
	. 14TH ST.		Street Address	Street Address (P.O. Box Number is Not Acceptable)			}
OCALA F	L 34470						
			City		FL	Zip Cod	ė
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or both, in th	ne State of Florida. I am fa	miliar with,	and accept
	40						
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating)	DATE		
<u>(e.</u>		<u> </u>					
FILE NOW: FEE IS \$61,25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	ECTORS IN	10
TITLE NAME	DP HORAN, JOHN M	☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	1975 S.E. 34TH ST.		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP				
TITLE NAME	DST WILSON, JUDY	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS							I
	721 N.E. 3RD ST.		NAME STREET ADDRESS				
CITY-ST-ZIP	721 N.E. 3RD ST. OCALA FL 34470		STREET ADDRESS CITY-ST-ZIP				
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12. 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:

SIGNA