

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am  
Secretary of State

02-22-2001 90123 050 \*\*\*150.00

DOCUMENT # P00000006181

1. Entity Name

COUNSELING SOLUTIONS, INC.

Principal Place of Business

6100 GLADES ROAD  
SUITE 302  
BOCA RATON FL 33434

Mailing Address

6100 GLADES ROAD  
SUITE 302  
BOCA RATON FL 33434

2. Principal Place of Business

6100 Glades Rd Suite 205

3. Mailing Address

6100 Glades Road

Suite, Apt. #, etc.

Boca Raton

Suite, Apt. #, etc.

Suite # 205

City & State

FL

City & State

Boca Raton, FL

Zip

33434

Country

US

Zip

33434

Country

US

4. FEI Number

65-0983201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FISCHER, LORI  
6100 GLADES ROAD  
SUITE 302  
BOCA RATON FL 33434

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FISCHER, LORI**  
STREET ADDRESS **6100 GLADES ROAD SUITE 302**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lori Fischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

(561) 885-1744

Daytime Phone #

CR2E034 (10/00)