

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90140 038 \*\*\*150.00

**DOCUMENT # P00000021728**

1. Entity Name  
**MCBEE COUNSELING SERVICES, INC.**



Principal Place of Business  
**1279 KINGSLEY AVE., SUITE 119  
ORANGE PARK FL 32073**

Mailing Address  
**2372 N HWY A1A  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address  
**6050 Babcock Street S.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**21**

City & State

City & State  
**Palm Bay FL**

4. FEI Number  
**59-3629602**

Applied For  
Not Applicable

Zip

Country

Zip  
**32909**

Country  
**Brevard**

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

**SCRUBY, FRANK M  
1279 KINGSLEY AVE., SUITE 119  
ORANGE PARK FL 32073**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCRUBY, FRANK M</b>		NAME		
STREET ADDRESS	<b>1279 KINGSLEY AVE., SUITE 119</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MACCULLEY, DAVID K</b>		NAME		
STREET ADDRESS	<b>2372 N. A1A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/03

Date

Daytime Phone #

CR2E034 (10/02)