

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 046 ***150.00

DOCUMENT # **P00000023058** ✓

1. Entity Name

Family Counseling Center Inc.

DO NOT WRITE IN THIS SPACE

425085

2. Principal Place of Business

410 Cortez Road

3. Mailing Address

Same

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Bradenton FL

4. FEI Number

65-0983498

Applied For

Not Applicable

Zip

Country

Zip

Country

34205

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Linda M. Martin

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

6012 9th Ave. West

Family Counseling Center Inc. 410 Cortez Rd, Ste 108

City

Bradenton

FL

Zip Code

34205

**DO NOT WRITE
IN THIS SPACE**

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

Linda M. Martin

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

(NOTE: Registered Agent signature required when reinstating)

3/2/02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Linda M. Martin

6012 9th Ave West

Bradenton FL 34209

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice Secretary/Treasurer

Lee Martin

6012 9th Ave. West

Bradenton FL 34209

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda M. Martin President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/02

(941) 755-7830

CR2E034B (12/01)