

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90025 015 ***150.00

DOCUMENT # P00000048486

1. Entity Name

JOURNEY'S END COUNSELING, CONSULTING AND TRAINING, INC.

Principal Place of Business

**409 FIELDSTREAM BLVD
 ORLANDO FL 32825**

Mailing Address

**409 FIELDSTREAM BLVD
 ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662876

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANDERSON, VERONICA
 1350 ORANGE AVENUE
 SUITE 230
 WINTER PARK FL 32789**

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.

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, 2002 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 **PSTD** ☐ Delete
 NAME **AUSTIN, TAMMY**
 STREET ADDRESS **3723 LINSBURY STREET 409 Fieldstream Blvd.**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☒ Change ☐ Addition
 NAME **409 Fieldstream Blvd.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **AUSTIN, M. ANDRE'**
 STREET ADDRESS **3723 LINSBURY STREET 409 Fieldstream Blvd.**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☒ Change ☐ Addition
 NAME **409 Fieldstream Blvd.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **BRIMM, DYNITIA**
 STREET ADDRESS **433 FIELDSTREAM BV**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

407-616-7822

CR2E034 (9/01)