

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90204 024 ***150.00

DOCUMENT # P00000069420

1. Entity Name
PASCO-PINELLAS COUNSELING SERVICES, INC.



Principal Place of Business

~~10945 BROOKHAVEN DRIVE~~
~~NEW PORT RICHEY FL 34654~~

11502 Short Court
New Port Richey, FL 34654

Mailing Address

~~10945 BROOKHAVEN DRIVE~~
~~NEW PORT RICHEY FL 34654~~

11502 Short Court
New Port Richey, FL 34654



2. Principal Place of Business

11502 Short Court

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip

34654

Country

USA

3. Mailing Address

11502 Short Court

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip

34654

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3662389**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE
CLEARWATER FL

7. Name and Address of New Registered Agent

Name **Susan Feehan**

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

11502 Short Court

City

New Port Richey

FL

Zip Code

34654

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 **Susan Feehan**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

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

TITLE **D** ☐ Delete
NAME **FEEHAN, SUE M**
STREET ADDRESS **10945 BROOKHAVEN DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Susan D. Feehan**
STREET ADDRESS **11502 Short Court**
CITY-ST-ZIP **New Port Richey, FL 34654**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/03

Daytime Phone #

727-841-9803

CR2E034 (10/02)