

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90172 016 ***157.50

DOCUMENT # **R 000 000 78644 (LA)**
 1. Entity Name
A peace of mind counseling service INC.

Principal Place of Business Mailing Address
3341 N. university Dr.
Suite #2
DAVIE FL 33024 USA

C0072435

2. Principal Place of Business 3. Mailing Address
3341 N University DR **3341 N University DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2 **#2**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
DAVIE FL **DAVIE FL** **65-1036772 201607** ☒ Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
33024 **USA** **33024** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Delores A. Walker **Delores A. Walker**
6189 Laurel Ln B' **6189 Laurel Ln B'**
TAMARAC FL 33319 **TAMARAC FL 33319**

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 **Delores A. Walker** **D Walker** **6/27/01**
 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. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Delores A. Walker	President	6189 Laurel Ln B' TAMARAC FL 33319				

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: **Delores Walker** **6/27/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)