

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90224 014 ***150.00

0366023 AV

DOCUMENT # P00000092269

1. Entity Name
THE CENTER FOR COUNSELING, INC.



Principal Place of Business
**12323 S.W. 55TH STREET
SUITE 1003
COOPER CITY FL 33330**

Mailing Address
**12323 S.W. 55TH STREET
SUITE 1003
COOPER CITY FL 33330**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1067838**

Applied For

Not Applicable

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

**MARSHALL, IRENE J
12323 S.W. 55TH STREET
SUITE 1003
COOPER CITY FL 33330**

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

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

(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 ☐ Delete
NAME **D MARSHALL, IRENE J**
STREET ADDRESS **12323 S.W. 55TH STREET SUITE 1003**
CITY-ST-ZIP **COOPER CITY FL 33330**

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

TITLE ☐ Delete
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 90133137
#P0000092269

INDIVIDUAL ♦ COUPLES ♦ FAMILY ♦ GROUP



IRENE J. MARSHALL, MS, PA

Licensed Marriage & Family Therapist

May 8, 2003

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

RE: UBH P0000092269
The Center For Counseling Inc.

Dear Sirs,

I am asking you to accept my payment for the 2003 For Profit Corp filing of Uniform Business Report at this time.

The reason this form is submitted late is I had a large mistake in my checking account which was not in my favor and had to wait until the end of the month until checks cleared to make sure there was sufficient funds to write a check to you.

Should you need to verify this information please call my Accountant, Steve Eisenberg CPA at 954-252-1303.

Thanking you in advance for this consideration.

Sincerely,

Irene J Marshall
President

IJM/ns