

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000108723**1. Entity Name
BRAIN BEHAVIOR CONSULTING INC.Principal Place of Business
16 SAILFISH LN

OCEAN RIDGE FL 33435
Mailing Address
16 SAILFISH LN

OCEAN RIDGE FL 334352. Principal Place of Business
16 SAILFISH LN3. Mailing Address
16 SAILFISH LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCEAN RIDGE FLCity & State
OCEAN RIDGE FL4. FEI Number
65-1063784Applied For
Not ApplicableZip Country
33435 USZip Country
33435 US5. 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****KELSO J.A. SCOTT**
16 SAILFISH LN

OCEAN RIDGE FL 33435

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)

04/08/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
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16 SAILFISH LANE
OCEAN RIDGE FL 33435TITLE
NAME
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CITY-ST-ZIP ☐ Change ☒ Addition
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KELSO J.A. SCOTT
16 SAILFISH LANE
OCEAN RIDGE FL 33435TITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: J.A. Scott Kelso

P

04/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)