

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90700 049 \*\*\*150.00

**DOCUMENT # P01000017859**

1. Entity Name  
**ADVANCED BEHAVIORAL COUNSELING, INC.**



Principal Place of Business  
**102 PARK PLACE BLVD.  
BUILDING B. SUITE 3  
KISSIMMEE FL 34741  
US**

Mailing Address  
**8402 BANYAN BLVD.  
ORLANDO FL 32819  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**600 N. THACKER AVE.  
Suite, Apt. #, etc.  
SUITE D37**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**KISSIMMEE, FL**

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip Country  
**34741 Osceola**

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

**WINTERS, RONALD  
8402 BANYAN BLVD.  
ORLANDO FL 32819**

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 Ronald G. Winters  
Signature, typed or printed name of registered agent and title if applicable.

Ronald G. Winters  
(NOTE: Registered Agent signature required when reinstating)

3-14-03  
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 NAME ☐ Delete  
**PRES WINTERS, RONALD G**  
STREET ADDRESS **8402 BANYAN BLVD.**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Ronald G. Winters Ronald G. Winters 3-14-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)