FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91850 047 ***150.00

DOCUMENT # P01000118511

1. Entity Name

PROBATION PLUS, INC.

DO NOT WRITE IN THIS SPACE

90129554

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2. Principal Place of Business	3. Mailing Address
1100-1 S. Ponce De Leon Blvd.	1100-1 S. Ponce De Leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. FEI Number: 59-3760370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: O'Connell, W.H. CPA

Street Address (P.O. Box Number is Not Acceptable): 2200 N. Ponce De Leon Blvd. #10

City: St. Augustine FL Zip Code: 32084

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~January 1 - May 1 Fee is $150.00~~
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Karen G Selig
STREET ADDRESS	1100-1 S. Ponce De Leon Blvd.
CITY-ST-ZIP	St. Augustine, FL 32084

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Selig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)