

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 001 ***150.00

DOCUMENT # P02000000320

1. Entity Name

UNIVERSAL COUNSELING GROUP INC.



Principal Place of Business

100 EAST LINTON BLVD
SUITE 156A
DELRAY BEACH FL 33483

Mailing Address

100 EAST LINTON BLVD
SUITE 156A
DELRAY BEACH FL 33483

44076009



MOORE CR2E034 (11/03)

2. Principal Place of Business

100 EAST LINTON BLVD

3. Mailing Address

100 EAST LINTON BLVD

Suite, Apt. #, etc.

404B

Suite, Apt. #, etc.

404B

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

41-2027977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANCOURT, KATHLEEN
4631 CARTHAGE CIRCLE N
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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

Kathleen Courtney RM, LMT

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

(NOTE: Registered Agent signature required when reinstating)

April 27, 2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE P ☐ Delete
NAME LOSI, LINDA A
STREET ADDRESS 4631 CARTHAGE CIRCLE N
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE V ☐ Delete
NAME RANCOURT, KATHLEEN A
STREET ADDRESS 4631 CARTHAGE CIRCLE N
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Courtney RM, LMT

Date

4/27/04

Daytime Phone #

561.772.4105