

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0104633 AV

DOCUMENT # P02000037135

1. Entity Name
J. MICHAEL JENNINGS MARRIAGE AND FAMILY THERAPY, INC.



FILED

03 DEC 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10450 S. TAMiami TRAIL
#12
FORT MYERS FL 33908

Mailing Address
10450 S. TAMiami TRAIL
#12
FORT MYERS FL 33908



2. Principal Place of Business
4461 Camino Real Way
Suite, Apt. #, etc.

3. Mailing Address
4461 Camino Real Way
Suite, Apt. #, etc.

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number
329888783 SS#

Applied For
Not Applicable

Zip Country
33912 USA

Zip Country
33912 USA

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

GRACE, WALTER JR.
1467 SANDRA DRIVE
FORT MYERS FL 33901

Name
Same
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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 PD JENNINGS, J MICHAEL
STREET ADDRESS 11250 LAKELAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33913 ☐ Delete

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

TITLE
NAME STD JENNINGS, KAREN A
STREET ADDRESS 11250 LAKELAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33913 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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 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

12-18-03 (239)

246-2201
Daytime Phone #

CR2E034 (4/03)