

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90218 014 \*\*\*158.75

**DOCUMENT # P02000043102**

1. Entity Name  
**OVERCOMERS COUNSELING SERVICES, INC.**



Principal Place of Business  
**1217 EAST AVE SO., SUITE 211  
SARASOTA FL 34239**

Mailing Address  
**1217 EAST AVE SO., SUITE 211  
SARASOTA FL 34239**



2. Principal Place of Business  
**MIDTOWN MEDICAL PARK**

3. Mailing Address  
**MIDTOWN MEDICAL PARK**

Suite, Apt. #, etc.  
**1219 EAST AVENUE SOUTH, SUITE 304**

Suite, Apt. #, etc.  
**1219 EAST AVENUE SOUTH, SUITE 304**

City & State  
**SARASOTA, FLORIDA**

City & State  
**SARASOTA, FLORIDA**

Zip  
**34239**

Country  
**US**

Zip  
**34239**

Country  
**US**

4. FEI Number  
**03-0431025**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELROD, WILLIAM M  
1217 EAST AVE SO., SUITE 211  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name  
**ELROD, WILLIAM M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**MIDTOWN MEDICAL PARK  
1219 EAST AVENUE SOUTH, SUITE 304**  
City **SARASOTA** FL Zip Code **34239**

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 **WILLIAM M. ELROD PRESIDENT 03 Feb 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT ELROD, WILLIAM M 2040 UPTON AVE SARASOTA FL 34232</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVS ELROD, LORI B 2040 UPTON AVE SARASOTA FL 34232</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **WILLIAM M. ELROD 03 FEB 2003** 941-952-1562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)