

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90228 046 \*\*\*158.75

0029606 AV

**DOCUMENT # P02000078209**

**1. Entity Name**  
**SOUTHSIDE COUNSELING BIOFEEDBACK & STRESS MANAGEMENT CENTER INC.**



**Principal Place of Business**  
**6015 CHESTER CIRCLE**  
**SUITE 208**  
**JACKSONVILLE FL 32217**

**Mailing Address**  
**6015 CHESTER CIRCLE**  
**SUITE 208**  
**JACKSONVILLE FL 32217**

11034804



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

90-0042238

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**STANFORD, THERESA G**  
**712 MUSKOGEE LANE**  
**JACKSONVILLE FL 32259**

**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**

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**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PTD ☐ Delete  
**NAME** STANFORD, THERESA G  
**STREET ADDRESS** 712 MUSKOGEE LANE  
**CITY-ST-ZIP** JACKSONVILLE FL 32259

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

**TITLE** VSD ☐ Delete  
**NAME** STANFORD, ROBERT J  
**STREET ADDRESS** 712 MUSKOGEE LANE  
**CITY-ST-ZIP** JACKSONVILLE FL 32259

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

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

**TITLE** ☐ Change ☐ Addition  
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**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:**

*Theresa G. Stanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa G. Stanford 05/1/03

Date

(904) 737-6700

CR2E034 (10/02)