
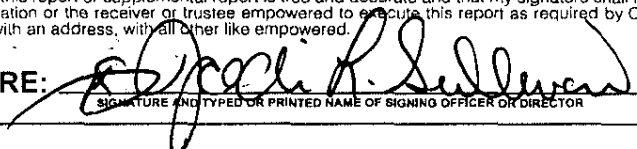


FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90040 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082696			
1. Entity Name Behaviors Plus, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 40438 Emerald Island RD		3. Mailing Address 40438 Emerald Island Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Leesburg, FL		City & State Leesburg, FL	
Zip 34788	Country USA	Zip 34788	Country USA
4. FEI Number 54-2064615		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Virginia D Long			
Street Address (P.O. Box Number is Not Acceptable) 40043 West 8th Avenue			
City Umatilla		FL	Zip Code 32784
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Jodi L Sullivan 40438 Emerald Island Road Leesburg, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Officer Virginia D. Long 40043 West 8th Avenue Umatilla FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 		5-21-03 352-669-3637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)