

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05859

1. Entity Name

U.S. COUNSELING SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90006 049 ***150.00

Principal Place of Business

120 BISHOPS WAY
BROOKFIELD WI 53008-951
US

Mailing Address

120 BISHOPS WAY
BROOKFIELD WI 53005-6271
US

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 39-1127174

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BLUEMKE, DUANE H.
STREET ADDRESS 14245 PROVIDENCE LANE
CITY-ST-ZIP BROOKFIELD WI

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

TITLE VSD ☐ Delete
NAME MILLER, CHRISTINE A
STREET ADDRESS 1483 HAWTHORNE DRIVE
CITY-ST-ZIP DELAFIELD WI

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

TITLE D ☐ Delete
NAME BLUEMKE, DOROTHY
STREET ADDRESS 14245 PROVIDENCE LANE
CITY-ST-ZIP BROOKFIELD WI

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

TITLE D ☐ Delete
NAME VODNIK, ANTHONY J.
STREET ADDRESS 5760 S. FOREST PARK DR.
CITY-ST-ZIP HALES CORNERS WI

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

TITLE VD ☐ Delete
NAME JARVIS, TED H
STREET ADDRESS 129 LA GOMA ST
CITY-ST-ZIP MILL VALLEY CA 94941

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

TITLE D ☐ Delete
NAME BLUEMKE, DAVID A
STREET ADDRESS 5321 WOOD LOT ROAD
CITY-ST-ZIP COLUMBIA MD 21044

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date

(262) 784-5600
Daytime Phone #

CR2E034 (9/99)