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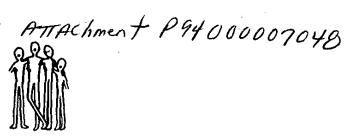
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

changed, or on an attachment with an address

SIGNATURE:

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P94000007048 DOCUMENT # 03 JUL 16 AH 11:38 1. Entity Name ANOTHER CHANCE COUNSELING CENTER, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 709 EXECUTIVE DR 709 EXECUTIVE DR WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3224333 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONTI, FRAN Street Address (P.O. Box Number is Not Acceptable) 709 EXECUTIVE DR WINTER PARK FL 32789 City 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE Delete TITLE ☐ Change Addition CONTI, FRAN NAME NAME 709 EXECUTIVE DR STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 600021629846 07/17/03--01069--018 \*\*15 NAME NAME STREET ADDRESS STREET ADDRESS \*\*150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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



## Another Chance Counseling Center, 9nc.

709 Executive Drive Winter Park, FL 32789 (407) 629-6167 Fax (407) 629-1731 FRAN CONTI, CAP Executive Director

ROBERT A. TANGO, Ph.D., L.M.H.C. Clinical Director

July 5, 2003

To Whom It May Concern:

Each year when I receive my 2003 Uniform Business Report, I send my \$150.00. This year, because of change in personnel, I never received it from my secretary.

I am a small counseling center, I often take very little fee for services, I am very sorry for this inconvenience but this has never happened before, please, please except my original payment of \$150.00. I cannot afford to pay the \$550.00 you sent me. I am a 2 person office and this would be a complete hardship to me. Please consider this payment in good faith.

Thank you

Fran