

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000061855

FILED
Jan 06, 2003
Secretary of State

Entity Name: ALPHA COUNSELING SERVICES INC.

Current Principal Place of Business:

10730 US HWY. 19 NORTH
4
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

10730 US HWY. 19 NORTH
4
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-3268661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, MARY ANN
10730 US HWY 19, N
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, MARY ANN
Address: 10730 US HWY 19 , STE 4
City-St-Zip: PORT RICHEY, FL

Title: ST () Delete
Name: FREEMAN, ROBERT E
Address: 10730 US HWY 19 STE 4
City-St-Zip: PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN FREEMAN

PRES

01/06/2003

Electronic Signature of Signing Officer or Director

Date