


See attached letter!

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/28/2003 90147-015-\$150.00-\$150.00

03 AUG - 4 AM 8:39

003151 AV

DOCUMENT # P95000002947			
1. Entry Name ERNEST D. COOLEY LCSW P.A.			
Principal Place of Business 1101 N. CONGRESS AVENUE SUITE 208 BOYNTON BEACH FL 33426		Mailing Address 1101 N. CONGRESS AVENUE SUITE 208 BOYNTON BEACH FL 33426	
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 65-0543216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOLEY, ERNEST D 4723 W ATLANTIC AVENUE SUITE A-19 DELRAY BEACH FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
delete Address SAME AS ABOVE			
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 <i>Ernest Cooley</i>		DATE 7/22/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reticating)	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COOLEY, ERNEST D 4723 W ATLANTIC AVENUE DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNEST D. COOLEY 1101 N. Congress Ave. Suite 208 Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Ernest Cooley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2ED34 (4/03)

7/8/5

ERNEST D. COOLEY LCSW, CAP
1101 NORTH CONGRESS AVENUE
SUITE 208
BOYNTON BEACH, FLORIDA 33426
561-732-5242

RE: Corporation Business Report
Ernest D. Cooley
Document # P95000002947
FEI # 65-0543216

Dear Division of Corporations:

Justin

I am enclosing the fee of \$150.00 along with this request to waive the \$400.00 late fee. I understand that the only way this fee can be waived is non-receipt of the original forms. It is true that I did not receive the original forms; there could be two reasons why this happened.

First, I moved my practice to Boynton Beach last September and there may have been some forwarding problems or my new assistant discarded them in error. I am legally blind and I need help in doing my paperwork due to declining eyesight. I plan to sign up for your e-mail notification for 2004.

It is true that I never received your forms, so I do hope you are able to waive the late fee this year.

Thank you very much for understanding my problems with my disability; if there are any questions, please do not hesitate to call my office.

Sincerely,



Ernest D. Cooley LCSW CAP

Reference # P95000002947