2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90123 003 ***150.00

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1. Entity Name
CAPE COUNSELING SERVICES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
1222 SE 47TH ST.
#105
CAPE CORAL FL 33904

Mailing Address
1222 SE 47TH ST.
#105
CAPE CORAL FL 33904

C00004848

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
923 S. DEL PRADO BLVD.
Suite Apt. #, etc.
202
City & State
CAPE CORAL, FL
Zip 33990 Country USA

3. Mailing Address
923 S. DEL PRADO BLVD.
Suite Apt. #, etc.
202
City & State
CAPE CORAL, FL
Zip 33990 Country USA

4. FEI Number 65-0577617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BAKER, HELEN
1222 SE 47TH ST.
#105
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name HELEN BAKER
Street Address (P.O. Box Number is Not Acceptable) 923 S. DEL PRADO BLVD.
SUITE 202
City CAPE CORAL FL Zip Code 33990

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 HELEN BAKER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
D BAKER, HELEN E 1222 SE 47TH ST. #105 CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PRESIDENT / DIRECTOR HELEN E. BAKER 923 S. DEL PRADO BLVD. SUITE 202 CAPE CORAL, FL 33990	☒ Change

CR2E034 (10/02)

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: Helen E. Baker SIGNATURE REQUIRED HELEN E. BAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 239-772-5091 Daytime Phone #