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## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Feb 19, 2001 8:00 am DOCUMENT # P95000047538 **Secretary of State** PERSONAL GROWTH COUNSELING, INC. 02-19-2001 90274 029 \*\*\*150.00 Principal Place of Business Mailing Address 113 LITHIA PINCREST RD. 113 LITHIA PINCREST RD. STE A 00018622 BRANDON FL 33511 BRANDON FL 33511 US Procest Rd DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0597137 Not Applicable \$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 Name --DRAWDY, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 113 LITHIA PINECREST RD STE A BRANDON FL 33511 Zip Code City Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete TITLE ☐ Change DRAWDY, JOSEPH G NAME NAME STREET ADDRESS 113 LITHIA PINECREST RD., SUITE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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