

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91152 007 ***150.00

DOCUMENT # P9500082588

1. Entity Name

Rehab and Industrial Counseling Offices, Inc.

Principal Place of Business

**1170 S. Semoran Blvd. #D
 Orlando, FL 32807**

Mailing Address

**PO BOX 721423
 Orlando, FL 32872-1423**

768794

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

59-3347998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Spitznagel-White, Mary Jo
 3137 Stonecastle Rd.
 Orlando, FL 32822**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!
 After MAY 1, 2001
 Make Check Payable**

**FEE IS \$150.00
 Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Spitznagel-White, Mary Jo	
STREET ADDRESS	3137 Stonecastle Rd.	
CITY-STATE-ZIP	Orlando, FL 32822	
TITLE	V	<input type="checkbox"/> Delete
NAME	White, Holland Jr.	
STREET ADDRESS	3137 Stonecastle Rd.	
CITY-STATE-ZIP	Orlando, FL 32822	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DeLally, Tracie	
STREET ADDRESS	1000 Stevens Entry #5212	
CITY-STATE-ZIP	Peachtree City, GA 30269	
TITLE	T	<input type="checkbox"/> Delete
NAME	Branhardt, Richard	
STREET ADDRESS	3381 Coe Ave.	
CITY-STATE-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeLally, Tracie	
STREET ADDRESS	1355 Lochbreeze Way	
CITY-STATE-ZIP	Orlando, FL 32828	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Braunhardt, Richard	
STREET ADDRESS	7820 Silvertree Tr #102	
CITY-STATE-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 I am the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Jo Spitznagel-White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)