

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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1. Entity Name

Choices Counseling Center, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
606 N. U.S. #1

3. Mailing Address
606 N. U.S. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

4. FEI Number
650691597

Applied For
Not Applicable

Zip
34950

Country
St. Lucie

Zip
34950

Country
St. Lucie

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph M. Considine

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

515 N. Flagler Drive, Suite 702

City West Palm Beach

FL Zip Code
33401

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 *Joseph M. Considine* Joseph M. Considine

11/5/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPSVP
David Agnolucci
3814 Paseo Navarra
West Palm Beach FL 33405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Raymond Agnolucci
1315 S. Flagler Drive, Apt. 21
West Palm Beach FL 33401

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IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-02 (560) 804-9317

CR2E034B (12/01)

La Offices of

Joseph M. Considine, P.A.

A Florida Professional Association
Northbridge Centre

515 N. Flagler Drive, Suite 702

West Palm Beach, Florida 33401

Joseph M. Considine
Eileen T. O'Malley

Telephone
(561) 655-8081

November 6, 2002

Telecopier
(561) 655-8082

James S. Robinson
Of Counsel

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

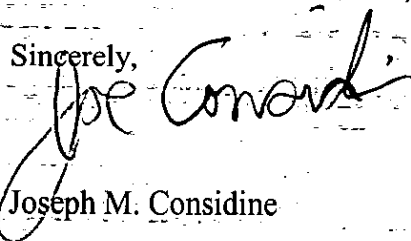
RE: Choices Counseling Center, Inc.

Gentlemen:

Enclosed herewith please find an amended UBR together with our check in the amount of \$61.25.

If you have any questions, please do not hesitate contacting us.

Sincerely,



Joseph M. Considine

JMC:db
Enclosures