

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90066 013 \*\*\*150.00

**DOCUMENT # P96000085096**

1. Entity Name  
**ARCHBOLD COUNSELING, P.A.**

Principal Place of Business  
**2212 W CORPORATE OAKS DR  
 B  
 CRYSTAL RIVER FL 34429  
 US**

Mailing Address  
**P O BOX 841  
 HERNANDO FL 34442-0841  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**261 E Hartford St  
 Suite, Apt. #, etc.  
 2B  
 City & State  
 Hernando FL**

3. Mailing Address  
**261 E Hartford St  
 Suite, Apt. #, etc.  
 2B  
 City & State  
 Hernando, FL**

4. FEI Number **59-3403411**

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

Zip **34442** Country **VSA** Zip **34442** Country **VSA**

6. Name and Address of Current Registered Agent  
**ARCHBOLD, STEPHEN J  
 261 E. HARTFORD ST, 2R  
 HERNANDO FL 34442**

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

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

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ARCHBOLD, STEPHEN J 1699 ANNAPOLIS AVENUE HERNANDO FL 34442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Archbold Date 4/25/2000 Daytime Phone # 352-746-7861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)