

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104217

1. Entity Name

ADULT AND CHILDREN THERAPIES, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90029 042 ***150.00

Principal Place of Business

Mailing Address

853 SW MONTGOMERY COMMONS BLVD
STUART FL 34996

853 SW MONTGOMERY COMMONS BLVD
STUART FL 34996

2. Principal Place of Business

853 SE Monterey Commons Blvd

3. Mailing Address

853 SE Monterey Commons Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL 34996

City & State
Stuart, FL 34996

4. FEI Number 65-0716207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD
STUART FL 34996

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!!! FEE IS \$150.00
After MAY 1, 2001 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 PST ☒ Delete
NAME DUNNE, KATHERINE D G
STREET ADDRESS 158 S. RIVER RD
CITY-ST-ZIP STUART FL 34996

TITLE PST ☒ Change ☐ Addition
NAME Dunne, Katherine D G
STREET ADDRESS 5180 S.E. Burning Tree Circle
CITY-ST-ZIP Stuart, FL 34997

TITLE V ☒ Delete
NAME DUNNE, KATHERINE D G
STREET ADDRESS 158 S. RIVER RD
CITY-ST-ZIP STUART FL 34996

TITLE V ☒ Change ☐ Addition
NAME Dunne, Katherine D G
STREET ADDRESS 5180 S.E. Burning Tree Circle
CITY-ST-ZIP Stuart, FL 34997

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)