

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90027 004 ***158.75

DOCUMENT # P9700002856.2

1. Entity Name

COUNSELING + CERTIFICATION NETWORK INC

Principal Place of Business

Mailing Address

11431 LONGWATER CHASE
 FT MYERS FLA 33908

40 PEACHTREE
 MONMOUTH JCT NJ 08852

00059447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0740794

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMOLA, DAVID T
 11421 LONGWATER CHASE CT
 FT. MYERS FLA 33908

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 \$350.00

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	PRES.	<input type="checkbox"/> Delete
NAME	NATALE, LEO	
STREET ADDRESS	40 PEACHTREE CT	
CITY-ST-ZIP	MONMOUTH JCT NJ 08852	
TITLE	V-PRES	<input type="checkbox"/> Delete
NAME	DEMOLA, DAVID	
STREET ADDRESS	65 CROSS RD	
CITY-ST-ZIP	COLTS NECK NJ 07722	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DIANE B. DEMOLA	
STREET ADDRESS	65 CROSS RD	
CITY-ST-ZIP	COLTS NECK NJ 07722	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	CAROL NATALE	
STREET ADDRESS	40 PEACHTREE CT	
CITY-ST-ZIP	MONMOUTH JCT NJ 08852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CAROL NATALE

7-18-2001

(732)

727-7999 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1113

CR2E034 (11/00)