

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 015 ***150.00

DOCUMENT # **P970000 28562**

1. Entity Name

COUNSELING + CERTIFICATION NETWORK INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6111 South Point Blvd

Suite, Apt. #, etc.

3. Mailing Address

40 Peachtree Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Myers

Florida

City & State

Monmouth Jct NJ

4. FEI Number

65-0740794

Applied For

Not Applicable

Zip

33919

Country

Lee

Zip

08852

Country

Hiddlesex

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID T DEMOLA

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

6111 South Point Blvd

City

Ft Myers

FL

Zip Code

33919

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 **D**
NAME **DAVID T. DEMOLA**
STREET ADDRESS **65 CROSS RD**
CITY-ST-ZIP **COLTS NECK NJ 07722**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **DIANE B. DEMOLA**
STREET ADDRESS **65 CROSS RD**
CITY-ST-ZIP **COLTS NECK NJ 07722**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **LEO S. NATALE**
STREET ADDRESS **40 PEACHTREE CT**
CITY-ST-ZIP **MONMOUTH JCT NJ 08852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **CAROLYN G. NATALE**
STREET ADDRESS **40 PEACHTREE CT**
CITY-ST-ZIP **MONMOUTH JCT NJ 08852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Leo S. Natale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2002
Date

(732) 727-9500
Daytime Phone #

CR2E034B (12/01)