

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90112 003 ***150.00

DOCUMENT # P97000069497

1. Entity Name

ADVANCED COUNSELING AND HYPNOTHERAPY CENTER, INC

Principal Place of Business

**5 SHAWNEE TRAIL
 ORMOND BEACH FL 32174**

Mailing Address

**5 SHAWNEE TRAIL
 ORMOND BEACH FL 32174**

2. Principal Place of Business

25 OCEAN DUNE CIRCLE

3. Mailing Address

25 OCEAN DUNE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

59-3498970

Applied For

Not Applicable

Zip

32137

Country

Zip

32137

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

ROSENBAUM, JO-ANN P

~~**5 SHAWNEE TRAIL**~~

~~**ORMOND BEACH FL 32174**~~

7. Name and Address of New Registered Agent

Name **ROSENBAUM, JO-ANN P.**

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

25 OCEAN DUNE CIRCLE

City

PALM COAST, FL

FL

Zip Code

32137

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

JO ANN P. ROSENBAUM

JO ANN P. ROSENBAUM

1-30-02

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAUM, JO-ANN P	
STREET ADDRESS	5 SHAWNEE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAUM, STAN	
STREET ADDRESS	5 SHAWNEE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBAUM JO ANN P.	
STREET ADDRESS	25 OCEAN DUNE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBAUM, STAN	
STREET ADDRESS	25 OCEAN DUNE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JO ANN P. ROSENBAUM

JO ANN P. ROSENBAUM

1-30-02 386-4469248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)