

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90145 042 ***150.00

DOCUMENT # P97000077976

1. Entity Name
COX COUNSELING CENTER, INC.



Principal Place of Business
**3001 N. TAMiami TRAIL
SUITE 100
NAPLES FL 34103**

Mailing Address
**3001 N. TAMiami TRAIL
SUITE 100
NAPLES FL 34103**

2. Principal Place of Business

840 Anchor Rode Drive

3. Mailing Address

840 Anchor Rode Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34103

USA

Zip

Country

34103

USA

4. FEI Number

59-3476249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COX, JOE B
3001 TAMiami TRAIL, N.
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

COX, Justyna F.

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

840 Anchor Rode Drive

City

Naples

FL

Zip Code

34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Justyna F. Cox, Justyna F. Cox

1-22-03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ Delete
NAME **COX, JUSTYNA**
STREET ADDRESS **37 LAS BRISAS WAY**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition
NAME **COX, Justyna F.**
STREET ADDRESS **671 Postside Drive**
CITY-ST-ZIP **Naples, FL 34103**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Justyna F. Cox, Justyna F. Cox

Date

Daytime Phone #

CR2E034 (10/02)