


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90214 014 \*\*\*150.00

<b>DOCUMENT #</b> P97000101853	
1. Entity Name <b>ADVANCED COUNSELING CENTER, INC.</b>	

Principal Place of Business <b>846 ANCHOR RODE DRIVE NAPLES FL 34103 US</b>	Mailing Address <b>846 ANCHOR RODE DRIVE NAPLES FL 34103 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3482474</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROSS, DONALD K JR.</b> <b>2640 GOLDEN GATE PARKWAY</b> <b>SUITE 206</b> <b>NAPLES FL 34105</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div>FL</div> <div>Zip Code</div>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTS <input type="checkbox"/> Delete	TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIBBLES, LILLIAN</b>	NAME	<b>455 1ST AVE. N</b>
STREET ADDRESS	<b>249 MONTEREY DRIVE</b>	STREET ADDRESS	<b>NAPLES, FL 34102</b>
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	DCM <input type="checkbox"/> Delete	TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIBBLES, LILLIAN</b>	NAME	<b>455 1ST AVE. N</b>
STREET ADDRESS	<b>249 MONTEREY DRIVE</b>	STREET ADDRESS	<b>NAPLES FL 34102</b>
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.

SIGNATURE: Lillian Tibbles **SIGNATURE REQUIRED** 2/4/03 (239) 262-2058  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)