

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 192

0179684

DOCUMENT # P98000003398

1. Entity Name

PROFESSIONAL COUNSELING & CONSULTING SERVICES, I

FILED

00 JUN 23 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5500 JACKSON ST HOLLYWOOD FL 33021		Mailing Address 5500 JACKSON ST HOLLYWOOD FL 33021-7169	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-8005564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENSON, MARY 5500 JACKSON ST HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, MARY 5500 JACKSON ST HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)

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Professional Counseling and Consulting Services, Inc.

Mary H. Benson
5500 Jackson Street
Hollywood, Florida 33021
954-989-2298

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

June, 2000

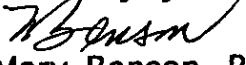
Dear Secretary,

Sometime during the past weeks I received 2000 Business Uniform Business Report for Professional Counseling and Consulting Services, Inc. which was not found among my mail until now. As you may remember (noted in my file) I was in a very serious auto accident and I sustained a broken neck. The recovery from such a fracture (C2) usually takes about three years. I have found that during this period of time I am still having difficulty processing my mail, etc. I have had some help; however, even with the assistance I have had some lost mail. I would appreciate your reconsideration of my status.

I talked to Stacy earlier in your office. She suggested that when this happens I should write this letter and enclose a check for \$150.00 when returning the document. I am also enclosing a list of my primary doctors any of which could verify my physical status if necessary.

I thank you for your assistance.

Sincerely yours,


Mary Benson, President

Enclosures: Check & Report