2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
02-18-2002 90164 031 ***150.00

DOCUMENT # P98000046019

1. Entity Name
CREATIVE COUNSELING SERVICES OF GAINESVILLE, INC

Principal Place of Business	Mailing Address
CREATIVE COUNSELING SER. OF GAINS.. INC. 4001 NEWBERRY ROAD STE ~~D3~~ D-4 GAINESVILLE FL 32607	CREATIVE COUNSELING SER. OF GAINS.. INC. 4001 NEWBERRY ROAD STE ~~D3~~ D-4 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Creative Counseling Ser. of Gains. inc	
Suite, Apt. #, etc. 4001 Newberry Road STE D-4	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip 32607	Country USA
Zip	Country

4. FEI Number 59-3507111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, JOHN 4001 NEWBERRY ROAD ~~STE D-3~~ STE-D-4 GAINESVILLE FL 32607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 John E. Jones — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) John E. Jones — DATE 01-22-02

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS JONES, JOHN E 12015 N.W. 129TH TERRACE ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVT~~ ~~CREWS, KATHRYN~~ ~~7705 S.W. 102 AVENUE~~ ~~GAINESVILLE FL 32608~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, MICHAEL 4001 NEWBERRY ROAD SUITE ~~D3~~ D-4 GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUDY JONES~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JUDY JONES 12015 NW 129 TR. ALACHUA, FL. 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: ~~STEPHEN SQUIRES~~ John E. Jones — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 01-22-02 Date — 352-384-3059 Daytime Phone #