

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91590 045 ***158.75

DOCUMENT # P98000071115

1. Entity Name

FIELDS COUNSELING, INC.

Principal Place of Business

556 SABAL LAKE DRIVE
 APT. #204
 LONGWOOD FL 32779

Mailing Address

556 SABAL LAKE DRIVE
 APT. #204
 LONGWOOD FL 32779

2. Principal Place of Business

421 N. Montgomery Rd

3. Mailing Address

716 Muirfield Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 151

City & State

Altamonte Springs, FL

City & State

Ft. Apopka, FL

Zip

32714

Country

Schmale

Zip

32712

Country

Orange

6. Name and Address of Current Registered Agent

FIELDS, PAMELA L
 556 SABAL LAKE DRIVE
 APT. #204
 LONGWOOD FL 32779

716 Muirfield Circle
 Apopka, Florida
 32712

7. Name and Address of New Registered Agent

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

Pamela L. Fields

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
 NAME FIELDS, PAMELA L
 STREET ADDRESS 556 SABAL LAKE DRIVE
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 CITY-ST-ZIP

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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:

Pamela L. Fields MA L MHC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 407-880-2131

Date

Daytime Phone #

CR2E034 (9/01)