

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2000 8:00 am
Secretary of State

04-19-2000 90075 024 ***150.00

DOCUMENT # P99000081391

1. Entity Name

COUNSELING, INC.

Principal Place of Business

259 EAST OAKDALE AVENUE
 CRESTVIEW FL 32539

Mailing Address

259 EAST OAKDALE AVENUE
 CRESTVIEW FL 32539-3547

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600923

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE, SUSAN
259 EAST OAKDALE AVENUE
CRESTVIEW FL 32539

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PAGE, SUSAN	121 MARKELLA ROAD	FORT WALTON BEACH FL 32548	<input type="checkbox"/>
D	LEHNERT, RAMONA JEANNE	199 WEDGEWOD LANE	CRESTVIEW FL 32536	<input type="checkbox"/>
D	ROWLAND, TOMMY	4593 LIVEOAK CHURCH ROAD	CRESTVIEW FL 32539	<input type="checkbox"/>
D	HICKENBOTHAM, DE ANNA	139 WALTON DRIVE	FORT WALTON BEACH FL 32548	<input type="checkbox"/>
D	ST. R. SAAL, PIERRE	1774 UNION AVENUE	NICEVILLE FL 32578	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Ramona J. Lehnert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 850 682 1234

Date Daytime Phone #

RAMONA J. LEHNERT