2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P99000081391** 1. Entity Name COUNSELING, INC. 04-24-2001 90267 032 ***150.00 Principal Place of Business Mailing Address 259 EAST OAKDALE AVENUE 259 EAST OAKDALE AVENUE CRESTVIEW FL 32539 CRESTVIEW FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3600923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 259 EAST OAKDALE AVENUE CRESTVIEW FL 32539 8. The above named onlity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete PAGE, SUSAN NAME NAME STREET ADDRESS 121 MARKELLA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete Change Addition TITLE TITLE LEHNERT, RAMONA JEANNE NAME NAME STREET ADDRESS 199 WEDGEWOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 TITI E ☐ Delete TITLE ☐ Change Addition NAME ROWLAND, TOMMY NAME STREET ADDRESS STREET ADDRESS 4593 LIVEOAK CHURCH ROAD CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HICKENBOTHAM, DE ANNA NAME NAME STREET ADDRESS STREET ADDRESS 139 WALTON DRIVE CITY-ST-ZIP CITY-ST-7IP FORT WALTON BEACH FL 32548 TITLE ☐ Delete TITLE Change ☐ Addition ST. R. SAAL, PIERRE NAME NAME STREET ADDRESS 1774 UNION AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NICEVILLE FL 32578 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 impowered 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 apprecia, with all other like erpowered. ess, with all other like eropowered.

A J. Lehnert Ho ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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