

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90247 005 ***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**

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3600923**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**PAGE, SUSAN
 259 EAST OAKDALE AVENUE
 CRESTVIEW FL 32539**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/02** Daytime Phone # **8506821234**

CR2E034 (9/01)