

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90198 038 ***150.00

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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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PAGE, SUSAN
259 EAST OAKDALE AVENUE
CRESTVIEW FL 32539**

4. FEI Number **59-3600923**
Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After-May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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 WEDGEWOOD 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	648 VA. DAK CT
CITY-ST-ZIP	Ft walton Beach FL 32547
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramona J. Lehnert* **RAMONA J. Lehnert** 850 6821234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/3/03** Daytime Phone #

CR2E034 (10/02)