

# 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PAGE, SUSAN</b>
STREET ADDRESS	<b>121 MARKELLA ROAD</b>
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEHNERT, RAMONA JEANNE</b>
STREET ADDRESS	<b>199 WEDGEWOOD LANE</b>
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROWLAND, TOMMY</b>
STREET ADDRESS	<b>4593 LIVEOAK CHURCH ROAD</b>
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HICKENBOTHAM, DE ANNA</b>
STREET ADDRESS	<b>139 WALTON DRIVE</b>
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ST. R. SAAL, PIERRE</b>
STREET ADDRESS	<b>1774 UNION AVENUE</b>
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>
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	<b>648 VA. DAK CT</b>
CITY-ST-ZIP	<b>Ft walton Beach FL 32547</b>
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)