

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90044 023 ***158.75

DOCUMENT # S22834

1. Entity Name
BEACHES COUNSELING, INC.

Principal Place of Business
645 MAYPORT RD
STE #3B2
ATLANTIC BEACH FL 32233
US

Mailing Address
645 MAYPORT RD
STE 3BS
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3048096**

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

Alligood
KLEIN, LYNN
645 MAYPORT ROAD
STE #3B2
ATLANTIC BCH FL 32233

Name **Lynn Alligood**
 Street Address (P.O. Box Number is Not Acceptable)
Same
 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 _____ (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, 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** ☐ Delete
 NAME **ALLIGOOD, LYNN K**
 STREET ADDRESS **645 MAYPORT ROAD, #3B2**
 CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **P** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LOWERY, C.C.**
 STREET ADDRESS **645 MAYPORT ROAD, #3B2**
 CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **N.P.** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Alligood President
3/18/02 Daytime Phone #

CR2E034 (9/01)