

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58859

1. Entity Name

THE ANCHORAGE COUNSELING SERVICE, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90036 044 \*\*\*150.00

0032105

Principal Place of Business Mailing Address  
301 E. ROMANA ST Suite B 301 E ROMANA ST SAME  
PENSACOLA FL 32501/3 PENSACOLA FL 32501/3  
US US

00033407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>The Anchorage Counseling Service</b>		3. Mailing Address	
Suite <b>Lorraine M. Graves, M.A., M.T.S.</b>		Suite, Apt. #, etc.	
<b>2803 E. Cervantes St. Suite B</b>			
City & State <b>Pensacola, Florida 32503</b>		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3087083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>GRAVES, LORRAINE M.</b> <b>200 E GOVERNMENT</b> <b>SUITE 216A</b> <b>PENSACOLA FL 32501</b>	
<b>The Anchorage Counseling Service</b> <b>Lorraine M. Graves, M.A., M.T.S.</b> <b>2803 E. Cervantes St. Suite B</b> <b>Pensacola, Florida 32503</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 *Lorraine M. Graves* DATE 4-3-01  
(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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAVES, LORRAINE M.</b>	NAME	
STREET ADDRESS	<b>2803 E. Cervantes St. Suite B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lorraine M. Graves* DATE 4-3-01 850-433-2042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)