2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Zip

S70942 **DOCUMENT#**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

4121 NW 5TH STREET

PLANTATION FL 33317

Suite, Apt. #, etc.

RAMBO, WILLIAM 4230 S W 9TH ST

PLANTATION FL 33317

City & State

Zip

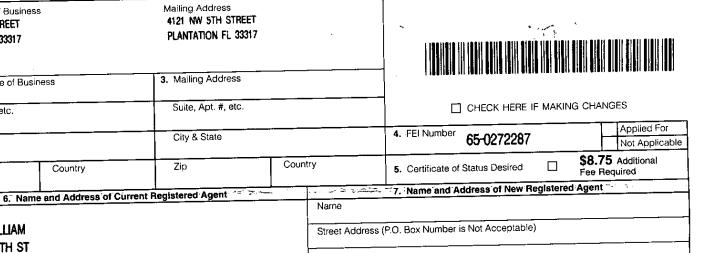
FIFTH STREET COUNSELING CENTER, INC.

Country



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90211 041 ***150.00



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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. 20/U1/05 ☐ Addition Change TITLE ☐ Delete TIT! F NAME RAMBO, WILLIAM C. NAME STREET ADDRESS 4230 SW 9TH ST STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME RHODES, KATHLEEN NAME STREET ADDRESS 1051 HILLSBORO MILE 607E STREET ADDRESS CITY-ST-ZIP HILLSBORO FL 33062 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME -/_-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

NATURE AND TYPED OR PRINTED NAME OF SICKING OFFICER OR DIRECTOR