FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91805 005 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29900

1. Entity Name

SOUTH EASTERN COUNSELING CENTER, INC.

V

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1420 GENE ST	1420 GENE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL 32789	City & State: 1420 GENE ST, 32789
Zip: 32789 Country: USA	Zip: 32789 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3119233 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RONALD E. BROWN

Street Address (P.O. Box Number is Not Acceptable): 1031 Vista Rd.

City: Longwood, fl FL Zip Code: 32750

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: on file 5/1/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer P/T Ronald Edward Brown 1031 Vista Rd. Longwood, Fl 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President V Margaret E. Brown 1031 Vista Rd. Longwood, Fl 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S Carrie Eugenia Comacho 812 Renaissance Pt Blvd.APR 104 ~~Altamonte Springs, Fl 32714~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret E Brown 5/1/03 407-599-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #