

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90080 009 \*\*\*\*61.25

**DOCUMENT # 731347**

1. Entity Name

**CONSUMER CREDIT COUNSELING SERVICE OF PALM BEACH**

Principal Place of Business

Mailing Address

2330 CONGRESS AVENUE SOUTH  
 SUITE 1A  
 WEST PALM BEACH FL 33406

2330 CONGRESS AVENUE SOUTH  
 SUITE 1A  
 WEST PALM BEACH FL 33406-7664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1605523**

Applied For

Not Applicable

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

**CECERE, JESSICA**  
 2330 CONGRESS AVENUE SOUTH  
 SUITE 1-A  
 WEST PALM BEACH FL 33406

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **LODWICK, DAVID**  
 STREET ADDRESS **4500 PGA BLVD #S-304B**  
 CITY-ST-ZIP **PALM BCH GDNS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SULLIVAN, TIM**  
 STREET ADDRESS **900 S FEDERAL HWY**  
 CITY-ST-ZIP **STUART FL 34995**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BARIE, DAVID**  
 STREET ADDRESS **111 S. SAPODILLA AVE., S-211**  
 CITY-ST-ZIP **W PALM BEACH FL 33401**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **KOLLMER, MARILYN**  
 STREET ADDRESS **2444 METROCENTRE BLVD**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **SD**  Change  Addition  
 NAME **Skycers, Paul**  
 STREET ADDRESS **2001 Broadway, Suite 301-C**  
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **PCEO**  Delete  
 NAME **CECERE, JESSICA**  
 STREET ADDRESS **2330 CONGRESS AVENUE STE 1A**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE  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

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 617, 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

*Jessica Cecere, President 2/17/00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-515-2301

CR2E037 (9/99)