

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90034 034 ****61.25

DOCUMENT # 736585

1. Entity Name

CREDIT COUNSELORS CORPORATION, INC.

Principal Place of Business

5300 NW 33RD AVENUE
SUITE 207
FT. LAUDERDALE FL 33309
US

Mailing Address

5300 NW 33RD AVENUE
SUITE 207
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1661417

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

PERRY, PAUL H.
1905 N ATLANTIC BLVD. 4020 GALT OCEAN DR.
FT. LAUDERDALE FL 33305 33308

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
NAME PERRY, PAUL H.
STREET ADDRESS 4020 GALT OCEAN DR 1208
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE D
NAME PERRY, ZACHARY A.
STREET ADDRESS 2200 NE 33 AVE APT 11-H
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE D
NAME G BENNETT PERRY
STREET ADDRESS 8765 NW 75TH PLACE
CITY-ST-ZIP TAMARAC FL

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)