

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90079 004 \*\*\*150.00

00069598

**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

2700 W 62ND ST  
104A

3. Mailing Address

2700 W 62ND ST  
104A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33309

Country

FLORIDA

Zip

33309

Country

FLORIDA

4. FEI Number **59-1661417**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PERRY, PAUL H.**  
**4020 GALT OCEAN DRIVE**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PERRY, PAUL H.</b> <b>4020 GALT OCEAN DR</b> <b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, ZACHARY A.</b> <b>2200 NE 33 AVE APT 11-H</b> <b>FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>G-BENNETT PERRY</b> <b>8765 NW 75TH PLACE</b> <b>TAMARAC FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Paul H. Perry*  
**SIGNATURE REQUIRED**

8/15/03

9M 10 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

Attachment

**Gerald M. Pepper & Associates, P.A.**

**Certified Public Accountants**

MEMBER  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants  
New York State Society of Certified Public Accountants

Colonial Place, Suite 114  
1515 University Drive  
Coral Springs, Florida 33071  
(954) 755-5007

90150547  
# 736585

AUGUST 13, 2003

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE FL 32302

RE: CREDIT COUNSELORS CORPORATION  
736585

GENTLEMEN:

ENCLOSED IS THE 2003 UNIFORM BUSINESS REPORT OF THE SUBJECT CORPORATION. MY CLIENT NEVER RECEIVED THE ORIGINAL NOTICE DUE TO HIS ADDRESS CHANGE. HAD HE RECEIVED THE ORIGINAL NOTICE, THE REPORT ALONG WITH THE FILING FEE WOULD HAVE BEEN SENT IN TIMELY.

MY CLIENT IS A NOT HAVING A GOOD YEAR AND IT WOULD BE A FINANCIAL HARDSHIP TO HAVE TO PAY THE PENALTY. ACCORDINGLY ENCLOSED IS THE ANNUAL REPORT, ALONG WITH THE FILING FEE OF \$150.00. IT IS THEREFORE RESPECTFULLY REQUESTED THAT THE PENALTY BE ABATED AND THE ANNUAL REPORT BE ACCEPTED AS FILED.

VERY TRULY YOURS,  
GERALD M. PEPPER & ASSOCIATES PA

  
GERALD M. PEPPER CPA