2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90141 027 ***150.00

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DOCUMENT # F02000002030

1. Entity Name
AMERICAN CONSUMER CREDIT COUNSELING, INC.

Principal Place of Business	Mailing Address
130 RUMFORD AVE. NEWTON MA 02466	130 RUMFORD AVE. NEWTON MA 02466

☐ CHECK HERE IF MAKING CHANGES

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 04-3166982 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 $550.00
After September 10, 2003 Fee will be $750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTCD TRUMBLE, STEVEN 130 RUMFORD AVE NEWTON MA 02466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEEKS, KEVIN 130 RUMFORD AVE. NEWTON MA 02466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRIE, JAMES W 55 MOODY STREET WALTHAM MA 02453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERGI, JOHN 1290 MAIN STREET WALTHAM MA 02453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRADETTE, DON 4 PATRICIA DR GRAFTON MA 01519	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, KENNETH V 1671 WORCESTER RD FRAMINGHAM MA 01701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Attachment

90148772

F02000002030

AMERICAN CONSUMER CREDIT COUNSELING®
The Credit Counseling Professionals

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32203-1500

To whom it may concern,

This letter is to request the late fees for filing late be waived, as American Consumer Credit Counseling, Inc. did not receive prior notice to file. A check in the amount of $150.00 for the filing of our UBR has been enclosed.

Thank you,

Steve Trumble
President

130 Rumford Ave., Suite 202 Newton, MA 02466-1316 Phone: 1-800-769-3571 Fax: 1-617-244-1116 www.consumercredit.com
Member of The Association of Independent Consumer Credit Counseling Agencies