

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

0144815 AB

DOCUMENT # F02000002030

1. Entity Name

AMERICAN CONSUMER CREDIT COUNSELING, INC.



Principal Place of Business

**130 RUMFORD AVE.
NEWTON MA 02466**

Mailing Address

**130 RUMFORD AVE.
NEWTON MA 02466**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$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

TITLE **PTCD** ☐ Delete
NAME **TRUMBLE, STEVEN**
STREET ADDRESS **130 RUMFORD AVE**
CITY-ST-ZIP **NEWTON MA 02466**

TITLE **VP** ☐ Delete
NAME **WEEKS, KEVIN**
STREET ADDRESS **130 RUMFORD AVE.**
CITY-ST-ZIP **NEWTON MA 02466**

TITLE **D** ☐ Delete
NAME **CURRIE, JAMES W**
STREET ADDRESS **55 MOODY STREET**
CITY-ST-ZIP **WALTHAM MA 02453**

TITLE **D** ☐ Delete
NAME **SERGI, JOHN**
STREET ADDRESS **1290 MAIN STREET**
CITY-ST-ZIP **WALTHAM MA 02453**

TITLE **D** ☐ Delete
NAME **FRADETTE, DON**
STREET ADDRESS **4 PATRICIA DR**
CITY-ST-ZIP **GRAFTON MA 01519**

TITLE **D** ☐ Delete
NAME **LOPEZ, KENNETH V**
STREET ADDRESS **1671 WORCESTER RD**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 #

CR2E034 (4/03)

Attachment



AMERICAN CONSUMER CREDIT COUNSELING®
The Credit Counseling Professionals

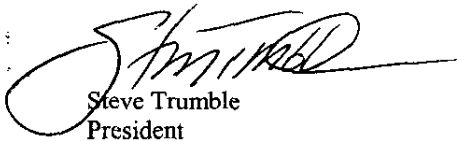
90148772
F02000002030

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