

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90782 007 ****61.25

DOCUMENT # F02000003258

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.



Principal Place of Business

697 EAST BROAD ST.
COLUMBUS OH 43215

Mailing Address

697 EAST BROAD ST.
COLUMBUS OH 43215

2. Principal Place of Business

4500 EAST BROAD ST

Suite, Apt. #, etc.

3. Mailing Address

4500 EAST BROAD ST

Suite, Apt. #, etc.

City & State

COLUMBUS, OH

City & State

COLUMBUS, OH

Zip

43213

Country

Zip

43213

Country

4. FEI Number 31-0731111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARNER, PHIL
11645 BISCAYNE BLVD.
STE 405
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name Phil Garner

Street Address (P.O. Box Number is Not Acceptable)

4491 South State Rd 7

City

DAVE

FL

Zip Code 33314

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

Phil L. Garner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/2003

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KAPPAS, 9935 OSPREY THORNVILLE OH 43076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SEATON, JAY 608 TREESIDE LANE AVON LAKE OH 44012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST ZEIER, JAMES 892 CHELSEA AVE. BEXLEY OH 43209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALL, RICHARD L 7236 OAK LANE HOLLAND OH 43528	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTRELL, JOHNNY P.O. BOX 77 MYRA KY 41549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERWIN, SUSAN L 140 NANTUCKET AVE. PICKERINGTON OH 43147	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

JAMES H ZEIER

2-403

614-552-4708

CR2E037 (10/02)