

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000005775

1. Entity Name
CONSUMER AND BUSINESS DEBT COUNSELING
SERVICES INCORPORATED



Principal Place of Business
1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810

Mailing Address
1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810

FILED
07 AUG 17 AM 10:34
CLERK OF THE STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3327439

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BOBBE, ISAAC
3304 BISHOP PARK DRIVE, UNIT 822
WINTER PARK, FL 32792

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

Amended AR 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
NAME BOBBE, ISAAC
STREET ADDRESS 3304 BISHOP PARK DRIVE, UNIT 822
CITY-ST-ZIP WINTER PARK, FL

TITLE ☐ Change ☐ Addition
NAME BOBBE, ISAAC
STREET ADDRESS 3304 BISHOP PARK DRIVE, UNIT 822
CITY-ST-ZIP WINTER PARK, FL

TITLE VC ☐ Delete
NAME MENDELSON, PABLO
STREET ADDRESS 1800 PEMBROOK DR, SUITE 290
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☒ Change ☐ Addition
NAME D Mendelson, Pablo
STREET ADDRESS 1800 Pembrook, Dr, Ste 290, Orlando, FL
CITY-ST-ZIP 32810

TITLE D ☐ Delete
NAME BRANCO, SHARON
STREET ADDRESS 29 WILLIAM HIGGINS ROAD
CITY-ST-ZIP SOMERSET, MA 02725

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Ray Roberts
STREET ADDRESS 1800 Pembrook Drive, Ste. 290
CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

866-460-2825