

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000019193

FILED  
Mar 13, 2002 8:00 AM  
Secretary of State

**Entity Name:** CONSUMER DEBT COUNSELING, LLC

## Current Principal Place of Business:

12157 W. LINEBAUGH AVENUE  
#342  
TAMPA, FL 33626

## New Principal Place of Business:

935 MAIN STREET  
SUITE D-4  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

12157 W. LINEBAUGH AVENUE  
#342  
TAMPA, FL 33626

## New Mailing Address:

935 MAIN STREET  
SUITE D-4  
SAFETY HARBOR, FL 34695

FEI Number: 04-3588744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WETZEL, JAMES F  
935 MAIN STREET  
#A-1  
SAFETY HARBOR, FL 34695 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WETZEL, JAMES F  
Address: 12157 W. LINEBAUGH AVENUE, #342  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES F. WETZEL

MGR

03/13/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date