

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90024 021 ****50.00

DOCUMENT # L01000019193

1. Entity Name

CONSUMER DEBT COUNSELING, LLC



Principal Place of Business

935 MAIN STREET
SUITE D-4
SAFETY HARBOR FL 34695

Mailing Address

935 MAIN STREET
SUITE D-4
SAFETY HARBOR FL 34695

2. Principal Place of Business

935 Main St.

3. Mailing Address

Same



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite D-4

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

4. FEI Number 04-3588744

Applied For

Not Applicable

Zip

34695

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR - PARTNER
WETZEL, JAMES F
12157 W. LINEBAUGH AVENUE, #342
TAMPA FL 33628 ☐ Delete

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2F083 1/10/02