

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90167 022 ****61.25

DOCUMENT # N00000001188



1. Entity Name
JULIAN CONSUMER COUNSELING SERVICES, INC.

Principal Place of Business Mailing Address
18820 US HWY 19 N. BLDG 2. #200 **18820 US HWY 19 N. BLDG 2. #200**
CLEARWATER FL 33764-3166 **CLEARWATER FL 33764-3166**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3616543** 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
WELLER, JAY M
3390 DEERFIELD LANE
CLEARWATER FL 33761

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLER, JAY M	
STREET ADDRESS	3390 DEERFIELD LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COHEN, RANDY	
STREET ADDRESS	2021 GREENWICH COURT	
CITY-ST-ZIP	LANSING MI 48910-4903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYNN, LINDA LEE	
STREET ADDRESS	1505 ATTLEBORO LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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 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 REQUIRED**

1-24-03 727 539

CR2E037 (10/02)