

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005496

1. Entity Name

FEDERATED FINANCIAL SERVICES CREDIT COUNSELING C
ORP.

Principal Place of Business

Mailing Address

3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH FL 33442

3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032859

Applied For

Not Applicable

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

COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH FL 33442

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.

SIGNATURE

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS COLEMAN, ANTHONY G JR.
CITY-ST-ZIP 3275 WEST HILLSBORO BLVD. SUITE 110
DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER, STEVEN
CITY-ST-ZIP 3275 WEST HILLSBORO BLVD. SUITE 110
DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME D
STREET ADDRESS EISENBERG, MARGARET
CITY-ST-ZIP 3275 WEST HILLSBORO BLVD. SUITE 110
DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600005754386--4
STREET ADDRESS -06/11/02--01109--001
CITY-ST-ZIP ***2625.00 *****61.25

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/19/02

FILED

02 MAY 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

003204

CR2E037 (9/01)