## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N0000007435

City-St-Zip:

FT LAUDERDALE, FL 33309

Entity Name: CONSOLIDEBT CREDIT COUNSELING SERVICES, INC.

FILED Apr 03, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	53RD STREE RDALE, FL 3							
Current Mailing Address:				New Mailing Address:				
	53RD STREE RDALE, FL 3							
FEI Number: 65-1054361 FEI Number Applied		FEI Number Applied For()	FEI Number	FEI Number Not Applicable ( ) Certifica			te of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
3107 STIR SUITE 105 FT LAUDE The above in the State	RDALE, FL 3 named entity e of Florida.	33312 US submits this statement for the	purpose of ch	anging it	s registered	office or re	egistered ag	ent, or both,
SIGNATURE: Electronic Signature of Registered Agent							 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	THOMAS, TRA 3350 N.W. 531				D ( THOMAS, KE 3350 N.W. 53 FT LAUDERD	RD STREET	-	
Title: Name: Address: City-St-Zip:	GREVE, SCOT 3350 N.W. 531				(	) Change(	) Addition	
Title: Name: Address:	D ( COONEY, LES 3350 N.W. 531		Title Nan Add		(	) Change(	) Addition	

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SCOT GREVE DIR 04/03/2003