

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-08-2001 90162 001 ****61.25

DOCUMENT # N01000000131

1. Entity Name

NATIONAL ASSOCIATION OF CREDIT COUNSELING, INC.

Principal Place of Business

**1860 N. PINE ISLAND RD., STE. 113
 PLANTATION FL 33322**

Mailing Address

**1860 N. PINE ISLAND RD., STE. 113
 PLANTATION FL 33322**

2. Principal Place of Business

1860 N. 88th Rd

Suite, Apt. #, etc.

Suite 103

City & State

Fort Lauderdale, FL

Zip

33322

Country

USA

3. Mailing Address

PO Box 1813

Suite, Apt. #, etc.

Dania, FL

City & State

Dania, FL

Zip

33004

Country

USA

4. FEI Number

05-1066050

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUBROW DUKER & ASSOCIATES, P.A.
 2832 UNIVERSITY DR.
 CORAL SPRINGS FL 33065**

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.

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, NADINE	
STREET ADDRESS	1860 N. PINE ISLAND RD., STE. 113	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, LAURENCE	
STREET ADDRESS	1860 N. PINE ISLAND RD., STE. 113	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RHODES, TREVOR	
STREET ADDRESS	1860 N. PINE ISLAND RD., STE. 113	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1860 N. 88th Rd, Ste 103
CITY-ST-ZIP	Fort Lauderdale, FL 33322
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1860 N. 88th Rd, Ste 103
CITY-ST-ZIP	Fort Lauderdale, FL 33322
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1860 N. 88th Rd, Ste 103
CITY-ST-ZIP	Fort Lauderdale, FL 33322
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-01 (954) 475-9636

CF2E037 (10/00)