

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

05-28-2002 91638 034 ****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

PO BOX 1813
 DANIA FL 33004

2. Principal Place of Business

1860 NW 88th Ave

Suite, Apt. #, etc.

103

City & State
 Fort Lauderdale FL

Zip
 33322

Country

3. Mailing Address

1860 NW 88th Ave

Suite, Apt. #, etc.

103

City & State
 Fort Lauderdale FL

Zip

33322

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1066050

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 Laurence J. Smith, P.A.

Street Address (P.O. Box Number is Not Acceptable)

Pine Island Professional Center - Suite 115

1860 N. Pine Island Road

City Plantation

FL

Zip Code

33322

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME SMITH, NADINE
 STREET ADDRESS 1860 N 88TH ROAD, STE 103
 CITY-ST-ZIP PLANTATION FL 33322

TITLE VSD ☐ Delete
 NAME SMITH, LAURENCE
 STREET ADDRESS 1860 N 88TH ROAD, STE 103
 CITY-ST-ZIP PLANTATION FL 33322

TITLE VD ☐ Delete
 NAME RHODES, TREVOR
 STREET ADDRESS 1860 N 88TH ROAD, STE 103
 CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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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 OF TREVOR RHODES

8/1/02 (954)475-9634

CR2E037 (4/02)

Attachment
Doc. # 41638
NO1000000131

\$ 61.25

already sent back
in May 2002
