

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90130 030 ****61.25

DOCUMENT # N01000004326

1. Entity Name

KIMBERLY CREDIT COUNSELING, INC.

Principal Place of Business

Mailing Address

**2260 PALM BEACH LAKES BLVD.
 SUITE 201
 WEST PALM BEACH FL 33409**

**2260 PALM BEACH LAKES BLVD.
 SUITE 201
 WEST PALM BEACH FL 33409**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1115058

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

7. Name and Address of New Registered Agent

**MORSE, CALVIN S
 9870-A WATERMILL CIRCLE
 BOYNTON BEACH FL 33437**

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, CALVIN S	
STREET ADDRESS	9870-A WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, TIMOTHY	
STREET ADDRESS	2433 SOUTHRIDGE ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SANDRA	
STREET ADDRESS	22615 S.W. 66TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAM, DOROTHY	
STREET ADDRESS	9870-A WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 powers.

SIGNATURE: SIGNATURE REQUIRED

7/11/02 561-478-4432

CR2E037 (4/02)