

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90023 022 ****61.25

DOCUMENT # N01000004872

1. Entity Name

UNITED DEBT COUNSELING, INC.

Principal Place of Business

8333 W. MCNAB ROAD
 SUITE 128
 TAMARAC FL 33321

Mailing Address

8333 W. MCNAB ROAD
 SUITE 128
 TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1119531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THIER, MARTIN
1475 WEST CYPRESS CREEK ROAD
SUITE 204
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. 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 **D** ☐ Delete
 NAME **VIZZI, DAVID A**
 STREET ADDRESS **3178 W. BUENA VISTA DRIVE**
 CITY-ST-ZIP **MARGAT FL 33063**

TITLE **D** ☐ Delete
 NAME **MATTSON, ROBERT M**
 STREET ADDRESS **10533 COUNTRY CLUB TERR**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **TRAUTMANN, JOHN**
 STREET ADDRESS **3170 W. BUENA VISTA DR.**
 CITY-ST-ZIP **MARGATE FL 33063**

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 **Director** ☒ Change ☐ Addition
 NAME **DAVID A. Vizzi**
 STREET ADDRESS **8333 W. McNab Rd. Suite 128**
 CITY-ST-ZIP **TAMARAC Florida 33321**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Robert M. Mattson**
 STREET ADDRESS **8333 W. McNab Rd. Suite 128**
 CITY-ST-ZIP **Tamarac, FL. 33321**

TITLE **Director** ☒ Change ☐ Addition
 NAME **John Trautmann**
 STREET ADDRESS **8333 W. McNab Rd Suite 128**
 CITY-ST-ZIP **Tamarac, FL. 33321**

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:

NOTED REQUIRED

7/2/02

954-721-5700

CR2E037 (4/02)