


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90016 050 ****70.00

DOCUMENT # N01000004872 1. Entity Name UNITED DEBT COUNSELING, INC.					
Principal Place of Business 500 FAIRWAY DR. SUITE 108 DEERFIELD BEACH, FL 33441			Mailing Address 500 FAIRWAY DR. SUITE 108 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03012004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-1119531	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCUS, STEPHEN D 500 FAIRWAY DR., STE. 108 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VIZZI, DAVID A	NAME	Stephen D. Marcus		
STREET ADDRESS	8333 W MCNAB ROAD STE 128	STREET ADDRESS	500 Fairway Drive, Ste 108		
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MATTSON, ROBERT M	NAME	June Layfield		
STREET ADDRESS	8333 W MCNAB ROAD STE 128	STREET ADDRESS	500 Fairway Drive, Ste 108		
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRAUTMANN, JOHN	NAME	Rene Carnoto, Jr.		
STREET ADDRESS	8333 W MCNAB ROAD STE 128	STREET ADDRESS	500 Fairway Drive, Ste 108		
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Stephen D. Marcus</u> Stephen D. Marcus <u>3/2/04</u> 954-420-0402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					