

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21/2003-90061-024-\$70.00-\$70.00

DOCUMENT # N01000005396

1. Entity Name

CREDIT COUNSELING EXPRESS, INC.



FILED

03 FEB 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11387-0 WEST PALMETTO PARK ROAD
BOCA RATON FL 33428

Mailing Address

11387-0 WEST PALMETTO PARK ROAD
BOCA RATON FL 33428

2. Principal Place of Business

809 E palmetto park rd
Boca Raton, FL 33432
City & State

3. Mailing Address

809 E palmetto park rd
Boca Raton FL
City & State



CHECK HERE IF MAKING CHANGES

311789653

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, HOWARD L
621 NW 50 RD ST SUITE 300
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Gutman, Brandon
Street Address (P.O. Box Number is Not Acceptable)

310 E palmetto park rd
City: Boca Raton FL Zip Code: 33431

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

Brandon Gutman (Director) Brandon Gutman

01/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: SCHWARTZ, HOWARD L
STREET ADDRESS: 621 NW 50 RD ST SUITE 300
CITY-ST-ZIP: BOCA RATON FL 33487 ☒ Delete

TITLE: D
NAME: MAY, SAMUEL F JR
STREET ADDRESS: 20283 STATE ROAD 7, SUITE 300
CITY-ST-ZIP: BOCA RATON FL 33498 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Director
NAME: Brandon Gutman
STREET ADDRESS: 310 E 30th St
CITY-ST-ZIP: Boca Raton FL 33431 ☐ Change ☒ Addition

TITLE: D
NAME: Ann Gutman
STREET ADDRESS: 310 NW 30th St
CITY-ST-ZIP: Boca Raton FL 33431 ☐ Change ☒ Addition

TITLE: Director
NAME: William Troy
STREET ADDRESS: 480 NW 20th St.
CITY-ST-ZIP: Boca Raton FL 33432 ☐ Change ☒ Addition

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

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

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

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:

Brandon Gutman

01/15/03

561 955 9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)