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

DOCUMENT # ~ 01000005399

1. Entity Name
Credit Counseling of America, Inc

FILED
02 NOV -8 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1801 S. Federal Hwy.	1801 S. Federal Hwy
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303
City & State Delray Beach FL	City & State Delray Beach, FL
Zip 33483 Country USA	Zip 33483 Country USA

4. FEI Number 311789650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GARY Feder

Street Address (P.O. Box Number is Not Acceptable) 11575 Heron Bay Blvd #309

City Coral Springs FL Zip Code 33076

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.

SIGNATURE _____ GARY Feder, Reg. Agt. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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	Director
NAME	Joel Carlsen
STREET ADDRESS	108 WestLee Rd
CITY-ST-ZIP	DelRay Beach FL 33445
TITLE	Director
NAME	Pino Lanzera
STREET ADDRESS	1010 DelRay Lakes Drive
CITY-ST-ZIP	DelRay Bch FL 33444
TITLE	Director
NAME	Joseph Yurkin
STREET ADDRESS	265 S. Federal Hwy., # 238
CITY-ST-ZIP	Deerfield, Beach FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	[redacted]
STREET ADDRESS	
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TITLE	
NAME	500000889530S
STREET ADDRESS	11/08/02--01113--005 **35.25
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NAME	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	T. Lewis 11/4/02

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Joel Carlsen 11/4/02 561-276-9659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #