

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N01000005399**

1. Entity Name  
**CREDIT COUNSELING OF AMERICA, INC.**



04-28-2003 91747 001 \*\*\*\*61.25  
04-28-2003 91747 002 \*\*\*\*\*8.75

Principal Place of Business  
**1801 S. FEDERAL HWY.  
SUITE 303  
DELRAY BEACH FL 33483**

Mailing Address  
**1801 S. FEDERAL HWY.  
SUITE 303  
DELRAY BEACH FL 33483**

**33032659**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**14590 S military Trail**

Suite, Apt. #, etc.  
**suite E 7**

City & State  
**DelRay Bch FL**

Zip  
**33484**

Country  
**USA**

3. Mailing Address  
**14590 S military Trail**

Suite, Apt. #, etc.  
**suite E 7**

City & State  
**DelRay FL**

Zip  
**33484**

Country  
**USA**

4. FEI Number **31-1789650**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEDER, GARY  
11575 HERON BAY BLVD.  
SUITE 309  
CORAL SPRINGS FL 33076**

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

**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** ☐ Delete  
NAME **CURLSEN, JOEL**  
STREET ADDRESS **108 WESTLEE ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Delete  
NAME **PANZERA, PINO**  
STREET ADDRESS **1010 DELRAY LAKES DRIVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ Delete  
NAME **YURKIN, JOSEPH**  
STREET ADDRESS **265 S. FEDERAL HWY., #238**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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 ☒ Change ☐ Addition  
NAME **name spelled wrong**  
STREET ADDRESS **Carlson Joel**  
CITY-ST-ZIP **108 Westlee Road Delray Beach FL 33445**

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

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

TITLE ☐ Change ☒ Addition  
NAME **Jeff Gombos**  
STREET ADDRESS **10771 E TARA Blvd**  
CITY-ST-ZIP **Boynton Beach FL 33437**

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: **Signature of Joel A. Carlson** **4/25/03 866872-2262**

CR2E037 (10/02)