

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-19-2002 90162 030 ****61.25

DOCUMENT # NO1000005759

1. Entity Name

CENTER FOR CREDIT COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

**4836 NORTH STATE ROAD 7
 APT 306
 COCONUT CREEK FL 33073**

**4836 NORTH STATE ROAD 7
 APT 306
 COCONUT CREEK FL 33073**

2. Principal Place of Business

3. Mailing Address

1015 West Newport Center Drive

1015 W. Newport Center Drive

Suite, Apt. #, etc. **Suite 106**

Suite, Apt. #, etc. **Suite 106**

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

65-1129735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ALLEN, BERNARD**
 STREET ADDRESS **4836 NORTH STATE ROAD 7 APT. 306**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **Director** ☐ Change ☒ Addition
 NAME **CHAMBERS, CHERYL**
 STREET ADDRESS **4081 North Federal Hwy. Suite 120**
 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **D** ☐ Delete
 NAME **JIMENEZ, BETSY A**
 STREET ADDRESS **8213D THAMES BOULEVARD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **D** ☒ Delete
 NAME **ALLEN, MARTHA V**
 STREET ADDRESS **332 WOOD HOLLOW COURT**
 CITY-ST-ZIP **MARIETTA GA 30067**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Cheryl Chambers, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

954-312-1166

CR2E037 (9/01)