

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N42691

FILED  
May 07, 2002 8:00 AM  
Secretary of State

**Entity Name:** CREDIT COUNSELORS OF NORTH AMERICA INC.

**Current Principal Place of Business:**

3317 NW 10TH TERR  
408  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3317 NW 10TH TERR  
408  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0258070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, MAURICE H.  
3317 NW 10TH TERR, #408  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEWART, MAURICE H.,  
Address: 1061 W. OAKLAND PK BLVD  
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete  
Name: STEWART, JENNIFER,  
Address: 101 N.W. 115TH AVE.  
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete  
Name: STEWART, DOTTREL V.,  
Address: 101 N.W. 115TH AVE.  
City-St-Zip: PLANTATION, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE STEWART

D

05/07/2002

Electronic Signature of Signing Officer or Director

Date