

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90280 025 \*\*\*\*70.00

**DOCUMENT # N93000000653**

1. Entity Name

**CONSUMER CREDIT ASSISTANCE, INC.**

Principal Place of Business

1850 LEE ROAD  
 SUITE 330  
 WINTER PARK FL 32789

Mailing Address

888 BENTLEY GREEN CIRCLE  
 WINTER SPRINGS FL 32708

2. Principal Place of Business

*E. SEMORAN*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*ORLANDO, FL*

City & State

Zip

*USA*

Zip

Country

4. FEI Number

**59-3177429**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, STEVEN  
 888 BENTLEY GREEN CIR  
 WINTER SPRINGS FL 32708**

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.

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

TITLE ☐ Delete  
 NAME **PDST  
 HOFFMAN, STEVEN**  
 STREET ADDRESS **888 BENTLEY GREEN CIR**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ Delete  
 NAME **D  
 ABRAHAMS, LAWRENCE ESQ**  
 STREET ADDRESS **5445 N. SHERIDAN**  
 CITY-ST-ZIP **CHICAGO IL 60645**

TITLE ☐ Delete  
 NAME **D  
 THORNTON, LORI**  
 STREET ADDRESS **7005 LAREL**  
 CITY-ST-ZIP **SHOKIE IL 60077**

TITLE ☐ Delete  
 NAME **D  
 KEWUS, GART**  
 STREET ADDRESS **502 N 17-92**  
 CITY-ST-ZIP **LONGWOOD FL 32752**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

*1/16/02*

*407 844 4620*

CR2E037 (9/01)