

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90027 014 ****61.25

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1. Corporation Name

CONSUMER BUDGET COUNSELING INC.

116681 6 90027 8 14

Principal Place of Business

**4040-B TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**4040-B TAMiami TRAIL
PORT CHARLOTTE FL 33952**



2. Principal Place of Business

21 1225 TAMiami TRAIL

Suite, Apt. #, etc.

22 UNIT B15

City & State

23 PORT CHARLOTTE, FL

Zip

24 FL 33953 25 CHARLOTTE

2a. Mailing Address

26 1225 TAMiami TRAIL

Suite, Apt. #, etc.

27 UNIT B15

City & State

28 PORT CHARLOTTE, FL

Zip

29 33953 30 CHARLOTTE

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number

65-0597209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PRINCIPATO, PAUL
4040-B TAMiami TRAIL
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name PAUL PRINCIPATO

82 Street Address (P.O. Box Number is Not Acceptable)

1225 TAMiami TRAIL - UNIT B15

83 UNIT B15

84 City PORT CHARLOTTE

FL

85 Zip Code 33953

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PRINCIPATO, PAUL R
STREET ADDRESS 125 COLONIAL ST., S.E.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE DT
NAME PRINCIPATO, MARIANNE
STREET ADDRESS 125 COLONIAL ST., S.E.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE DVP
NAME FARINELLA, GUS
STREET ADDRESS 80 ALPINE WAY
CITY-ST-ZIP HUNTINGTON NY 11746

☐ DELETE

TITLE C
NAME PRINCIPATO, PETER
STREET ADDRESS 36-09 NIMROD ST
CITY-ST-ZIP SENFORD NY 11378

☐ DELETE

TITLE S
NAME FARINELLA, EDWARD
STREET ADDRESS 80 ALPINE WAY
CITY-ST-ZIP HUNTINGTON NY 11746

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP SEAFORD, N.Y.

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Day

Daytime Phone #

1/5/99 (941) 255-3236

CR2E037 (1/98)