

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003315

1. Entity Name

CONSUMER BUDGET COUNSELING INC.

Principal Place of Business

1225 TAMiami TRAIL
UNIT B15
PORT CHARLOTTE FL 33953

Mailing Address

1225 TAMiami TRAIL
UNIT B15
PORT CHARLOTTE FL 33953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1.

FILED

Mar 12, 2002 8:00 am
Secretary of State

01-25-2002 90022 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0597209

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

PRINCIPATO, PAUL
1225 TAMiami TRAIL
UNIT B15
PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. 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 NAME STREET ADDRESS CITY - ST - ZIP	DP PRINCIPATO, PAUL R 125 COLONIAL ST., S.E. PORT CHARLOTTE FL 33952	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PRINCIPATO, MARIANNE 125 COLONIAL ST., S.E. PORT CHARLOTTE FL 33952	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FARINELLA, GUS 80 ALPINE WAY HUNTINGTON NY 11746	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PRINCIPATO, PETER 36-09 NIMROD ST SEAFORD NY 11378	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FARINELLA, EDWARD 80 ALPINE WAY HUNTINGTON NY 11746	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICE PRESIDENT FINANCE/CO MARIANNE PRINCIPATO 125 COLONIAL STREET SE PORT CHARLOTTE, FLORIDA 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VICE President - MARKETING 3609 NIMROD STREET Seaford, New York 11783	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

(94)

255-323C

Daytime Phone #

CR2E037 (9/01)