

AMENDED

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000003315

1. Entity Name

CONSUMER BUDGET COUNSELING

FILED
10-02-2002 90118 048 ****70.00
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02 OCT -7 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

678653

2. Principal Place of Business

1225 TAMiami TRAIL

Suite, Apt. #, etc.

UNIT B15

City & State

PORT CHARLOTTE FLORIDA

Zip

33952

Country

USA

3. Mailing Address

1225 TAMiami TRAIL

Suite, Apt. #, etc.

UNIT B15

City & State

PORT CHARLOTTE, FLORIDA

Zip

33953

Country

USA

4. FEI Number

65-0597209

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL PRINCIPATO

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

125 SE COLONIAL STREET

City PORT CHARLOTTE

FL

Zip Code

33952

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

PAUL PRINCIPATO

Paul Principato

9/28/02

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

(NOTE: Registered Agent Signature Required when Reissuing)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT (P)
NAME MARIANNE PRINCIPATO (D)
STREET ADDRESS 125 SE COLONIAL ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VICE PRESIDENT/TREASURER (V/P/T)
NAME PAUL PRINCIPATO (D)
STREET ADDRESS 125 COLONIAL STREET SE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SECRETARY (S)
NAME PAUL D'AMARIA (D)
STREET ADDRESS 105 SE COLONIAL STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VICE PRESIDENT MARKETING (V/P)
NAME PETER PRINCIPATO (D)
STREET ADDRESS 3609 AMROD STREET
CITY-ST-ZIP SEAFORD NEW YORK 11783

TITLE DIRECTOR
NAME WINSTON MACINTOSH (T)
STREET ADDRESS 106 SE COLONIAL STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DIRECTOR
NAME EDWARD BLACKETTA (D)
STREET ADDRESS 101 SE PECKHAM STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Principato PAUL PRINCIPATO

9/15/02

941-255-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR20078 (12/01)