

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90438 025 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0597209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRINCIPATO, PAUL
125 SE COLONIAL STREET
PORT CHARLOTTE FL 33952**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	PRINCIPATO, MARIANNE	125 S.E. COLONIAL ST	PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	PRINCIPATO, PAUL	125 S.E. COLONIAL ST	PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DIMARIA, PAUL	105 SE COLONIAL ST	PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VT	PRINCIPATO, PETER	3609 NIMROD STREET	SEAFORD NY 11783	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MACINTOSH, WINSTON	106 SE COLONIAL ST	PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BLACKETTA, EDMUND	101 SE PECKHAM STREET	PORT CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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**

1/8/03

255-3236

CR2E037 (10/02)