

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90061 022 ****61.25

DOCUMENT # N97000000827

1. Entity Name

CONSUMER CREDIT PROTECTION AGENCY, INC.

Principal Place of Business

Mailing Address

**324 NORTH DALE MABRY HIGHWAY
 SUITE 100
 TAMPA FL 33609
 US**

**306 EAST TYLER STREET
 TAMPA FL 33602-3823
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELILLA, MANUEL
 324 NORTH DALE MABRY HIGHWAY
 SUITE 100
 TAMPA FL 33609**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **FEINBERG, RICHARD**
 STREET ADDRESS **324 N DALE MABRY HWY, STE 100**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **President/Director** Change Addition
 NAME **Feinberg, Richard B.**
 STREET ADDRESS **306 E. Tuler St. #300**
 CITY-ST-ZIP **Tampa, FL 33602-3823**

TITLE **VDST** Delete
 NAME **VELILLA, MANUEL**
 STREET ADDRESS **324 N DALE MABRY HWY, STE 100**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SMITH, PATRICK**
 STREET ADDRESS **324 N. DALE MABRY HWY., SUITE 100**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **Vice President/Director** Change Addition
 NAME **Smith, Patrick S.**
 STREET ADDRESS **306 E. Tyler St. #300**
 CITY-ST-ZIP **Tampa, FL 33602-3823**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **Richard B. Feinberg**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-229-2221

Date **4/27/00** Daytime Phone #

CR2E037 (9/99)