DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000827

1. Entity Name

CONSUMER CREDIT PROTECTION AGENCY, INC.

			f Busine	
45.				HIGHWA
024 NC	DRTH	DALE	MABRY	HIGHWA

SUITE 100 TAMPA FL 33609 Mailing Address

306 EAST TYLER STREET TAMPA FL 33602

2. Principal Place of Business	3. Mailing Address 324 North	Dale	Mabry	Hw
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

#100

Country US 4. FEI Number

59-3427080

Not Applicable \$8.75 Additional Fee Required

Applied For

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

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

City

Zip Code

8. The above named entity of bmits this statement for the

324 NORTH DALE MABRY HIGHWAY

Country

6. Name and Address of Current Registered Agent

SIGNATURE

SUITE 100

VELILLA, MANNY.

TAMPA FL 33609

City & State

, Zip

 \Box

of changing its registered office or registered agent, or both, in the state of Florida.

数れたいう 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**

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD 16世紀長 ☐ Delete TITLE Change ☐ Addition feinberg, Richard 306 E. Tyler St., #300 FEINBERG, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 306 E. TULER ST. #300 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33602-3823 VDST PTS D Change ☐ Addition TITLE ☐ Delete TITLE uel: 11a Manny 324 N. Dale Mabry Hwy, #100 Velilla, manny NAME NAME STREET ADDRESS STREET ADDRESS 324 N DALE MABRY HWY, STE 100 Tampa, FL 33609 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Addition TITLE Defete TITLE Smith, Patrick 300 E Tylerst., #300 SMITH, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 306 E. TYLER ST. #300 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602-3823 Tampa FL 33602-3823 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is true and according to the corporation or the receiver of trustee empowered by expect. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director that 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

SIGNATURE:

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