DOCUMENT # N99000002915

1. Entity Name

ALL BREVARD CREDIT COUNSELING, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

05-22-2000 90016 013 ****61.25

Principal Place of Business	Mailing Address
1250 S HARBOR CITY BLVD., STE. 6 MELBOURNE FL 32901	1250 S HARBOR CITY BLVD., STE. 6 MELBOURNE FL 32901-3241

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3577346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM ROSE, FREDERICK 1250 S HARBOR CITY BLVD., STE. 6 MELBOURNE FL 32901	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 ____ DATE ____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FREDERICK W ROSE 1250 S. HARBOR CITY BLVD #6 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE SALLY KELLY 208 WILLIAMS STREET LAKEWOOD, NJ 08701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE DEBRA VENINGER 268 POINT BREEZE DRIVE HEWITT, NJ 07421 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BARBARA ROSE 31 ADAMS PLACE FREEHOLD, NJ 07728 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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~~ FREDERICK W ROSE 4/27/00 321-726-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/22/00-90016-013-$61.25-$61.25

DOCUMENT # N99000002915

1. Entity Name

ALL BREVARD CREDIT COUNSELING, INC.

106959

Principal Place of Business	Mailing Address
1250 S HARBOR CITY BLVD. STE. 6 MELBOURNE FL 32901	1250 S HARBOR CITY BLVD. STE. 6 MELBOURNE FL 32901-3241

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3577345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM ROSE, FREDERICK 1250 S HARBOR CITY BLVD., STE 6 MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FREDERICK W ROSE 1250 S. HARBOR CITY BLVD #6 MELBOURNE, FL 32901	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE SALLY KELLY 208 WILLIAMS STREET LAKEWOOD, NJ 08701	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE DEBRA VENINGER 268 POINT BREEZE DRIVE HEWITT, NJ 07421	☐ Delete	☐ Change ☐ Addition	
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SIGNATURE: SIGNATURE REQ FREDERICK W ROSE 4/28/00 321-726-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #