

3)

DOCUMENT # N99000006089

1. Entity Name

A BETTER WAY CREDIT COUNSELING, INC.

Principal Place of Business

2240 WOOLBRIGHT ROAD #201
BOYNTON BEACH FL 33426

Mailing Address

2240 WOOLBRIGHT ROAD #201
BOYNTON BEACH FL 33426-6332

FILED

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SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0954311

Applied For

Not Applied For

Zip

Country

Zip

Country

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

MARCUS, JACK
2240 WOOLBRIGHT ROAD #201
BOYNTON BEACH FL 33426

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	"D"	<input type="checkbox"/> Delete
NAME	JACK E. MARCUS	
STREET ADDRESS	2240 Woolbright Rd Suite 201	
CITY-ST-ZIP	Boynton Beach Fla	

TITLE	"D"	<input type="checkbox"/> Delete
NAME	JON QUINT	
STREET ADDRESS	6160 N.W. 54 Lane	
CITY-ST-ZIP	TAMARAC, FLA 33319	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	"D"	<input type="checkbox"/> Delete
NAME	JAMES ABBOTT	
STREET ADDRESS	2240 Woolbright Rd Suite 201	
CITY-ST-ZIP	Boynton Beach FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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