

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 041 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000006089
 1. Entity Name
A BETTER WAY CREDIT COUNSELING, INC.

Principal Place of Business Mailing Address
 2240 WOOLBRIGHT ROAD #201 2240 WOOLBRIGHT ROAD #201
 BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426

2. Principal Place of Business 3. Mailing Address
 2240 Wool-Bright Rd. Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 201 Same

City & State City & State
 Boynton Bch Same

Zip Country Zip Country
 33426 Palm Bch Same Same

4. FEI Number Applied For
 65-0954311 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARCUS, JACK
 2240 WOOLBRIGHT ROAD #201
 BOYNTON BEACH FL 33426

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, JACK E	
STREET ADDRESS	2240 WOOLBRIGHT ROAD,STE. 201	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINT, JON	
STREET ADDRESS	61600 N.W. 54 LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, JAMES	
STREET ADDRESS	2240 WOOLBRIGHT ROAD #201	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: Jackie M. Marzouk, President Date: 1-5-2001
Signature and typed or printed name of signing officer or director

