

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

80001660



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N99000006089**

**1. Entity Name**  
**A BETTER WAY CREDIT COUNSELING, INC.**

<b>Principal Place of Business</b> 2240 WOOLBRIGHT ROAD #201 BOYNTON BEACH FL 33426	<b>Mailing Address</b> 2240 WOOLBRIGHT ROAD #201 BOYNTON BEACH FL 33426
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<b>2. Principal Place of Business</b> 2240 Woolbright Rd. Suite, Apt. #, etc. 201 City & State Boynton Bch	<b>3. Mailing Address</b> Same Suite, Apt. #, etc. Same City & State Same
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Zip 33426	Country Palm Bch	Zip Same	Country Same
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<b>4. FEI Number</b> 65-0954311	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> FEE IS \$61.25	<b>9. Election Campaign Financing</b> Trust Fund Contribution.	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> Department of State
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**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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:** James E. Quint, President 1-5-2001

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

CR2E037 (10/00)