

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006089

1. Entity Name

A. BETTER WAY CREDIT COUNSELING, INC.

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90018 024 ****66.25

0044319

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

80002403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0954311		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)