NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90034 044 ****61.25

DOCUMENT # N99000006257

1. Entity Name
Credit Consolidation Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1440 SW 65th Way Suite, Apt. #, etc.	1440 SW 65th Way Suite, Apt. #, etc.	
City & State: Boca Raton FL	City & State: Boca Raton FL	4. FEI Number: 52-2207473 ☐ Applied For ☐ Not Applicable
Zip: 33428 Country: USA	Zip: 33428 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Neil B. Tygar, Esq.
Street Address (P.O. Box Number is Not Acceptable): 16384 Via Venetia West
City: Delray Beach FL Zip Code: 33484

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

FEE IS $61.25
Initial or Amended UBR

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	PD	TITLE	
NAME	Constance Farer	NAME	
STREET ADDRESS	1440 SW 65th Way	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33428	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Jennifer Farer	NAME	
STREET ADDRESS	1440 SW 65th Way	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33428	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Tracy Wellman	NAME	
STREET ADDRESS	932 Goleta St.	STREET ADDRESS	
CITY-ST-ZIP	Oceanside CA 92057	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Constance Farer Constance Farer 1/24/02 (561) 477-2928
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITLED OFFICER OR DIRECTOR Date Daytime Phone #