

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90013 009 ****61.25

DOCUMENT # N36391

1. Entity Name

CHRISTIAN CREDIT COUNSELORS, INC.

Principal Place of Business

**450 SEMINOLA BLVD
 CASSELBERRY FL 32707**

Mailing Address

**851 SO COAST HWY 101
 ENCINAS CA 92024**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5838 EDISON PLACE

SUITE 200

CARLSBAD CA

92008

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2991517

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCTAGGART, EDWARD J
 2821 ROUDABOUT LANE
 ORLANDO FL 32818**

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

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	PD	<input type="checkbox"/> Delete
NAME	MCTAGGART, EDWARD J.	
STREET ADDRESS	2821 ROUNDABOUT LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCTAGGART, SONIA J.	
STREET ADDRESS	2821 ROUNDABOUT LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, LAVERNE	
STREET ADDRESS	1287 PRINCE COURT	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLT, EDWIN	
STREET ADDRESS	679 CRICKLEWOOD TERRACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENSTEIN STUART	
STREET ADDRESS	1287 PRINCE CT	
CITY-ST-ZIP	HEATHROW FL 32746	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBENSTEIN, STUART	
STREET ADDRESS	1287 PRINCE CT	
CITY-ST-ZIP	HEATHROW, FL 32746	
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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 (760)602-6428

Date

Daytime Phone #

CR2E037 (9/01)