

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90010 050 ****61.25

DOCUMENT # F98000002889

1. Entity Name
AMERIDEBT, INC.

Principal Place of Business Mailing Address
 12850 MIDDLEBROOK RD., #400 12850 MIDDLEBROOK RD., #400
 GERMANTOWN MD 20874 GERMANTOWN MD 20874-5249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 12800 Middlebrook Rd. 12800 Middlebrook Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 3rd Floor 3rd Floor

City & State City & State
 Germantown, MD Germantown, MD
 Zip Country Zip Country
 20874 Montgomery 20874 Montgomery

4. FEI Number Applied For
 52-2009020 Not Applicable

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

6. Name and Address of Current Registered Agent
~~PATRIE, HARRY~~
 2455 SUNRISE BLVD #600
 AMERIDEBT, INC.
 FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
 Name Steve Ross / AMERIDEBT
 Street Address (P.O. Box Number is Not Acceptable)
 2455 E. Sunrise Blvd #600
 City Ft. Lauderdale FL Zip Code 33304

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 *Steve Ross* Steve Ross DATE 5/17/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DC SHUSTER, PAMELA A 14132 STONECUTTER DRIVE NORTH POTOMAC MD 20878 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, PENNY 25612 COLTRANE DR. DAMASCUS MD 20872 <input checked="" 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
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	DP Matthew Case 12220 Eagles Nest. Ct. Apt. C GERMANTOWN, MD 20874 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Jeffrey Formulat 1402 Timberwaffe Dr. Frederick MD 21703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAMES-CATSOS 3500 Mystic Pointe Dr. Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input checked="" 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
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)(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: *Jeffrey Formulat* REGISTERED Formulat 5-17-00 301-575-1500
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)