2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003
Secretary of State

DOCUMENT# N02000004682

Entity Name: DEBT RELIEF GROUP, INC.

Current Principal Place of Business:

225 NE MIZNER BLVD., SUITE 300
BOCA RATON, FL 33432

New Principal Place of Business:

855 S FEDERAL HWY
SUITE 215
BOCA RATON, FL 33432

Current Mailing Address:

225 NE MIZNER BLVD., SUITE 300
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 45-0480162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSES, DAVID
225 NE MIZNER BLVD., SUITE 300
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MOSES, DAVID
855 S FEDERAL HWY
SUITE 215
BOCA RATON, FL 33432 US

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: DAVID L MOSES 02/03/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: MOSES, DAVID
Address: 855 S FEDERAL HWY, SUITE 215
City-St-Zip: BOCA RATON, FL 33432

Title: VD ( ) Change (X) Addition
Name: WIRT, CHRISTOPHER
Address: 855 S FEDERAL HWY, SUITE 215
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Change (X) Addition
Name: WIRT, MELODIE
Address: 855 S FEDERAL HWY, SUITE 215
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MOSES P 02/03/2003
Electronic Signature of Signing Officer or Director Date