

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90135 018 ***150.00

DOCUMENT # P00000017917

1. Entity Name
1 2 3 DEBT CONSOLIDATION, INC.

Principal Place of Business
1390 S. OCEAN BLVD., SUITE 3A
POMPANO BEACH FL 33062

Mailing Address
5600 HAMMOCK LANE
LAUDERHILL FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0986266**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOT GREENE, P.A.
7300 W. CAMINO REAL, SUITE 127
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ELLIOT GREEN P.A.**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/2000

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
KAHN, STEVEN
1390 S. OCEAN BLVD., SUITE 3A
POMPANO BEACH FL 33062
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/15/2002 954 795-1052

CR2E034 (4/02)

attachment



9625 West Sample Road
Coral Springs, Florida 33065
Phone: 954-721-5700
Fax: 954-721-5701
Toll Free: 800-721-4034
debtfree@unionfinancialservices.com
www.unionfinancialservices.com

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FAX COVER SHEET: This is a confidential message, intended solely for the person to whom it is addressed. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

TO: Division of Corporations

FAX NO. _____

FROM: Steven Kuhn

SUBJECT: hardly yearly corporate dues

PAGES: 2, including this one.

NOTES:

Dear Sir + Ms.
My yearly corporate fee of 150.00 is
enclosed! I am not late. I never received
the original notice only this one. I called your
office recently & was told a mistake was
made on the original mailings & they never were
sent. I certainly never received mine.

Sincerely
Steven Kuhn
123 Debt Consolidation