

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 021 ***558.75

DOCUMENT # F01000004219

1. Entity Name
FAIR DEBT MANAGEMENT SERVICES, INC.



Principal Place of Business
3 MOTT PLACE
DIX HILLS NY 11746

Mailing Address
3 MOTT PLACE
DIX HILLS NY 11746

2. Principal Place of Business

3 MOTT PI

Suite, Apt. #, etc.

3. Mailing Address

3 MOTT PI

Suite, Apt. #, etc.

City & State

Dix Hills NY

Zip
11746

Country

USA

City & State

Dix Hills NY

Zip
11746

Country

USA

4. FEI Number **11-3612901**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEMIA, VALERIE
18488 NW 22ND STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Vogt, Thomas

Street Address (P.O. Box Number is Not Acceptable)

11155 Black Willow Lane

City

Wellington

FL

Zip Code

33414

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

Thomas Vogt

Thur 1/24

8/21/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ROCCO, ROBERT D	
STREET ADDRESS	3 MOTT PLACE	
CITY-ST-ZIP	DIX HILLS NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEMIA, VALERIE	
STREET ADDRESS	18488 N.W. 22ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOGT, THOMAS	
STREET ADDRESS	11155 BLACK WILLOW LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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:

Robert D. Rocco, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03

Date

631-274-4622
Daytime Phone #

CR2E034 (4/03)