

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F96000005854**

1. Entity Name

**DEBT LIQUIDATORS, INC.**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90044 025 \*\*\*150.00

Principal Place of Business 5425 ROBIN HOOD RD 101B NORFOLK VA 23513 US	Mailing Address 5425 ROBIN HOOD RD SUITE 101-B NORFOLK VA 23513-2441 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>54-1814411</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>TRAY, RONALD G</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD ROAD, SUITE 101-A</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23513</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>RALEY, ROBERT S JR</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD ROAD, SUITE 101-A</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23513</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCINTYRE, MARY E</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD ROAD, SUITE 101-A</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23513</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>POPPEN, CRAIG D</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD RD., #101B</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23513</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>PARIS, JOHN M JR</b>	
STREET ADDRESS	<b>ONE COMMERCIAL PLACE, SUITE 2000</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23510</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOKE, FLETCHER A</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD RD #101B</b>	
CITY-ST-ZIP	<b>NORFOLK VA</b>	

TITLE	<b>DPAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAY, RONALD G.</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD RD. #101B</b>	
CITY-ST-ZIP	<b>NORFOLK, VA 23513</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RALEY, ROBERT S., JR.</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD RD. #101B</b>	
CITY-ST-ZIP	<b>NORFOLK, VA 23513</b>	
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	<b>VS</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>PICCOLA, MARY P.</b>	
STREET ADDRESS	<b>5425 ROBIN HOOD RD. #101B</b>	
CITY-ST-ZIP	<b>NORFOLK, VA 23513</b>	

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: *Ronald G. Tray* **RONALD G. TRAY** 3/13/00 (757)858-4054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)