## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F96000005854 Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** DEBT LIQUIDATORS, INC. 03-23-2000 90044 025 \*\*\*150.00 Principal Place of Business Mailing Address 5425 ROBIN HOOD RD 5425 ROBIN HOOD RD SUITE 101-B NORFOLK VA 23513-2441 NORFOLK VA 23513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 54-1814411 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPAS** K Change ☐ Addition **DVAS** ☐ Delete TITLE TITLE TRAY, RONALD G. 5425 ROBIN HOOD RD. #101B NAME NAME TRAY, RONALD G STREET ADDRESS STREET ADDRESS 5425 ROBIN HOOE ROAD, SUITE 101-A NORFOLK, VA 23513 CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA 23513 K Change ☐ Addition ☐ Delete TITLE TITLE RALEY, ROBERT S JR NAME RALEY, ROBERT S., JR. 5425 ROBIN HOOD RD. #101B NAME STREET ADDRESS STREET ADDRESS 5425 ROBIN HOOD ROAD, SUITE 101-A CITY-ST-ZIP CITY-ST-ZIP NORFOLK, VA\_23513 NORFOLK-VA 23513 X Delete ☐ Change Addition TITLE TITLE MCINTYRE, MARY E NAME NAME STREET ADDRESS STREET ADDRESS 5425 ROBIN HOOD ROAD, SUITE 101-A CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA 23513 Change Addition ☐ Delete TITLE 7171*F* POPPEN, CRAIG D NAME NAME STREET ADDRESS STREET ADDRESS 5425 ROBIN HOOD RD., #101B CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA 23513 Addition TITLE ☐ Delete TITLE Change AS NAME NAME PARIS, JOHN M JR STREET ADDRESS STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 2000 CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA 23510 **X** Addition X Delete VS Change TITLE TITLE S NAME PICCOLA, MARY P. 5425 ROBIN HOOD RD. #101B NAME COOKE, FLETCHER A STREET ADDRESS STREET ADDRESS 5425 ROBIN HOOD RD #101B CITY-ST-ZIP CITY-ST-ZIP NORFOLK, VA 23513 NORFOLK VA

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

(757)858-4054

Daytime Phone #