

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 023 ***150.00

DOCUMENT # F96000005854.

1. Entity Name

Debt Liquidators, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5425 Robin Hood Rd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101B

City & State

Norfolk, VA

City & State

4. FEI Number

54-1814411

Applied For

Not Applicable

Zip

Country

Zip

Country

23513

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

Name

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

City

FL

Zip Code

CT Corporation System
 1200 S. Pine Island Rd.
 Plantation, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

See attached list

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Tray

Date

Daytime Phone #

4/27/01

757-858-1400

CR2E034 (1/1/00)

Recoveries, Inc.
Officers

Document #
F96000005854

Robert S. Raley, Jr.
1166 Casey Key Road
Nokomis, FL 34275
SS# 562-58-6352

CEO
Bus: 5425 Robin Hood Rd. Suite 101B
Norfolk, VA 23513

552928

Ronald G. Tray
521 New Zealand Reach
Chesapeake, VA 23322
SS# 165-32-4066

PRESIDENT
ASSISTANT SECRETARY
Bus: 5425 Robin Hood Rd. Suite 101B
Norfolk, VA 23513

Denise Newlon
304 Manning Lane
Hampton, VA 23666
SS# 225-29-3491

VICE PRESIDENT
TREASURER
Bus: 5425 Robin Hood Rd. Suite 101B
Norfolk, VA 23513

M. Patricia Piccola
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SS# 145-36-4540

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SECRETARY
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Norfolk, VA 23513

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SS# 227-48-4356

ASSISTANT SECRETARY
Bus: One Columbus Center Suite 900
Virginia Beach, VA 23462