

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000005854

FILED
Feb 17, 2003
Secretary of State

Entity Name: DEBT LIQUIDATORS, INC.

Current Principal Place of Business:

5425 ROBIN HOOD RD
101B
NORFOLK, VA 23513 US

New Principal Place of Business:

Current Mailing Address:

5425 ROBIN HOOD RD
SUITE 101-B
NORFOLK, VA 23513 US

New Mailing Address:

FEI Number: 54-1814411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RALEY, ROBERT S JR.
Address: 3309 CHARLES MCDONALD DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: TRAY, RONALD G
Address: 521 NEW ZEALAND REACH
City-St-Zip: CHESAPEAKE, VA 23322

Title: T () Delete
Name: NEWLON, DENISE
Address: 304 MANNING LANE
City-St-Zip: HAMPTON, VA 23666

Title: VS () Delete
Name: PICCOLA, M P
Address: 200 COLLEGE PL 213
City-St-Zip: NORFOLK, VA 23510

Title: AS () Delete
Name: PARIS, JOHN M JR
Address: 410 49 ST
City-St-Zip: VIRGINIA BEACH, VA 23451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: PICCOLA, M P
Address: 2629 WONDERLAND CT
City-St-Zip: VA BEACH, VA 23456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE NEWLON

T

02/17/2003

Electronic Signature of Signing Officer or Director

_____ Date