

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90112 026 ***150.00

DOCUMENT # J96859

1. Entity Name
DISPUTE MANAGEMENT, INC.

Principal Place of Business Mailing Address
1518 CLOUSER AVE PO BOX 541538
ORLANDO FL 32804 ORLANDO FL 32854-1538
US US

2. Principal Place of Business 3. Mailing Address
1000 S. Orlando Av **← Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
A-7

City & State City & State
Maitland, FL **← Same**
Zip Country Zip Country
32751

4. FEI Number **59-2881858** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAWN, DAVID U., ESQ.
1518 CLOUSER AVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1000 S. Orlando Av
A-7
City State Zip
Maitland FL 32751

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   **2/25/01**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRAWN, DAVID U.	
STREET ADDRESS	1518 CLOUSER AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STRAWN, FRANCES	
STREET ADDRESS	1518 CLOUSER AVE	
CITY-ST-ZIP	ORLANDO 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 S. Orlando Av	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same ↑	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **DAVID U. STRAWN, PRES. 2/25/01 407/599-5533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Time Phone #

0482903

CR2E034 (10/00)