

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96859

1. Entity Name

DISPUTE MANAGEMENT, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90201 024 ***150.00

Principal Place of Business
1000 S ORLANDO AVENUE A-7
MAITLAND FL 32751
USMailing Address
1000 S ORLANDO AVENUE A-7
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2881858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRAWN, DAVID U., ESQ.
1000 S ORLANDO AVENUE A-7
MAITLAND FL 32751

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD
NAME STRAWN, DAVID U.
STREET ADDRESS 1000 S ORLANDO AVENUE A-7
CITY-ST-ZIP MAITLAND FL 32751 ☒ DeleteTITLE VPD
NAME STRAWN, FRANCES
STREET ADDRESS 1000 S ORLANDO AVENUE A-7
CITY-ST-ZIP MAITLAND FL 32751 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE President & Director
NAME Frances F. Strawn
STREET ADDRESS 1000 S. Orlando Ave, A-7
CITY-ST-ZIP Maitland FL 32751 ☒ Change ☐ AdditionTITLE Director
NAME DAVID U. Strawn
STREET ADDRESS 1000 S. Orlando Ave, A-7
CITY-ST-ZIP Maitland FL 32751 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

3/20/02

407 599 5533

Date

Daytime Phone #

CR2E034 (9/01)