

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003987

1. Entity Name

DEBT MANAGEMENT CORPORATION

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90105 040 ****61.25

Principal Place of Business

7457-1 103RD ST.
JACKSONVILLE FL 32210

Mailing Address

7457-1 103RD ST.
JACKSONVILLE FL 32210-6775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404549

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

MCCLEAN, TOM
4503 IRVINGTON AVENUE
SUITE 6
JACKSONVILLE FL 32210

Name

TOM MCLEAN

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

236 Industrial Loop

City

ORANGE PARK

FL

Zip Code

32073

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

Tom McLean - Tom McLean

6-15-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME RODRIGUEZ, JOSE
STREET ADDRESS 5584-4 TIMUQUAMA RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODRIGUEZ, WILMA E
STREET ADDRESS 3727 CONSTANCIA DR.
CITY-ST-ZIP GREEN COVE SPRING FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DANIEL, BEVERLY
STREET ADDRESS P.O. BOX 542 N/A
CITY-ST-ZIP MIDDLEBURG FL 32050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALAZ, EDWARD
STREET ADDRESS 5584-4 TIMUQUAMA RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME EDWARD SALAZ
STREET ADDRESS 624 Galloway Dr.
CITY-ST-ZIP Fayetteville, NC 28303

TITLE D ☒ Delete
NAME ORTIZ, FRANK
STREET ADDRESS 5880 CHANNEL VIEW BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODRIGUEZ, JOSE
STREET ADDRESS 7457-1 103RD ST.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)