

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000092285**

1. Entity Name

DEBT MANAGEMENT CENTER, INC.

Principal Place of Business

**8601 4TH ST. NORTH, STE. 200
ST. PETERSBURG FL 33702**

Mailing Address

**8601 4TH ST. NORTH, STE. 200
ST. PETERSBURG FL 33702**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745253

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUCCARONE, CHRISTOPHER M
321 28TH AVE. NORTH
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name *SAME*

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

8601 4TH STREET NORTH SUITE 200City **ST. PETERSBURG****FL**Zip **33702**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	TUCCARONE, CHRISTOPHER M	
STREET ADDRESS	8601 4TH ST. NORTH, STE. 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCCARONE, MARLENE	
STREET ADDRESS	8601 4TH ST. NORTH, STE. 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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 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
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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:

Marlene Tucciarone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/4/02**
Date**727-576-0505**
Daytime Phone #**FILED**
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90009 014 ***158.75



DO NOT WRITE IN THIS SPACE

0042833 AV

CR2E034 (9/01)