

PO1000093903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

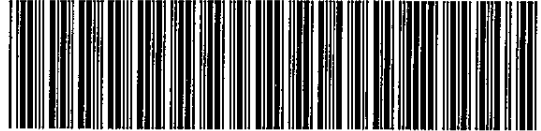
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

PO1000093903  
388 01068  
1-29-03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Debt Solutions Foundation

(Name of Corporation)

**DOCUMENT NUMBER:** P01000093903

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John F. Leaberry

(Name of Person)

Family Credit Counseling Corporation

(Name of Firm/Company)

4800 N State Road 7, Suite F-116

(Address)

Lauderdale Lakes, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

John F. Leaberry

(Name of Person)

at ( 954 ) 670-0788

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

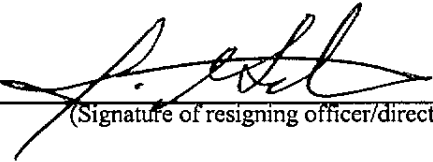
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Igor Gelman, hereby resign as President and Director  
(Title)

of Debt Solutions Foundation, Inc.  
(Name of Corporation)

P01000093903, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JAN 29 AM 10:36

FILED

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314