

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90061 023 \*\*\*150.00

**DOCUMENT # P02000060461**

**1. Entity Name**  
**AMERICAN DEBT COUNSELORS INC.**



**Principal Place of Business**

**1000 SW 12 ST**  
**BOCA RATON FL 33486**

**Mailing Address**

**1000 SW 12 ST**  
**BOCA RATON FL 33486**

**90007295**



**2. Principal Place of Business**

**809 E palmetto park rd**  
**Suite, Apt. #, etc.**  
**Boca Raton, FL**

**3. Mailing Address**

**809 E palmetto park rd**  
**Suite, Apt. #, etc.**  
**Boca Raton FL**

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**33432 united states**  
**Zip**

**City & State**

**33432 united states**  
**Zip**

**4. FEI Number**

**03-0460023**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AGENTS AND CORPORATIONS, INC.**

**773 4TH AVE NORTH STE E**

**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*William Tray*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**William Tray**  
**809 E palmetto park rd**  
**Boca Raton FL, 33432**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE**  
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**STREET ADDRESS**  
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**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 607, 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:**

*William Tray*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01/15/03**  
**Date**

**Daytime Phone #**

CR2E034 (10/02)