

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90221 023 ***150.00

DOCUMENT # P95000050015

1. Entity Name
DEBT MANAGEMENT ASSOCIATES INC.



Principal Place of Business
**700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431**

Mailing Address
**23123 S. STATE RD. 7, ANNEX
BOCA RATON, FL 33428**

2. Principal Place of Business

3. Mailing Address

700 BANYAN TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

BOCA RATON, FL.

Zip

Country

Zip

33431

Country

4. FEI Number

65-0601101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RECORE, RICHARD
700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431**

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

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

(NOTE: Registered Agent's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
KOKINOS, GEORGE L
700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
RECORE, RICHARD
700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431**

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

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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:

Richard A. Recore **RICHARD A. RECORE**

3-24-03

561-998-0836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)