

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033844

1. Entity Name

DIVERSIFIED DEBIT & CREDIT, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90044 003 \*\*\*150.00

Principal Place of Business

2002 N. LOIS AVE.  
#290  
TAMPA FL 33607

Mailing Address

2002 N. LOIS AVE.  
#290  
TAMPA FL 33607-2386

2. Principal Place of Business.

2002 N. LOIS Ave

Suite, Apt. #, etc.

SUITE 280

City & State

TAMPA, FL

3. Mailing Address

5955 Shiloh RD.

Suite, Apt. #, etc.

SUITE 100

City & State

Alpharetta, GA

Zip

33607

Country

Zip

30005

Country

4. FEI Number

59-3372978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEVALIER, JANA  
118 SOUTH HALE AVE  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

SHARON KRATZ

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

16173 Oak Creek Cr.

City

Tampa

FL

Zip Code

33634

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 of registered agent and title if applicable.

SHARON KRATZ

3/18/00

(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, 2000 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 PD  
NAME CHEVALIER, JACK JR.  
STREET ADDRESS 118 SOUTH HALE AVE  
CITY-ST-ZIP TAMPA FL 33609

☐ Delete

TITLE STD  
NAME CHEVALIER, JANA  
STREET ADDRESS 118 SOUTH HALE AVE  
CITY-ST-ZIP TAMPA FL 33609

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CHEVALIER, JACK JR.  
7115 GREATWOOD TRAIL  
Alpharetta, GA 30005

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CHEVALIER, JANA  
7115 GREATWOOD TRAIL  
Alpharetta, GA 30005

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JANA CHEVALIER V.P. 3/18/00

770-619-0480

Date

Daytime Phone #