

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100150

i. Entity Name

PROFESSIONAL DEBT MEDIATION, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90048 023 ***158.75

Principal Place of Business CARMICHAEL AVE 201 JACKSONVILLE FL 32207	Mailing Address 4161 CARMICHAEL AVE SUITE 201 JACKSONVILLE FL 32207-2316 US
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KISSOONLAL, ROHAN R 4564 CINDERBED DRIVE JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent Name ROHAN R. KISSOONLAL Street Address (P.O. Box Number is Not Acceptable) 4161 CARMICHAEL AVE SUITE 201 City JACKSONVILLE FL Zip Code 32207

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

8. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete D KISSOONLAL, ROHAN R 4564 CINDERBED DRIVE JACKSONVILLE FL 32257 ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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9. 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: ROHAN R. KISSOONLAL 2/21/00 (904) 398-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)