

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2001 08:00 AM  
Secretary of State

DOCUMENT # P98000034996

1. Entity Name  
DEBT ELIMINATION SERVICES, INC.

Principal Place of Business  
1500 S.W. BELGRAVE TERRACE  
STUART FL 34997 US

Mailing Address  
1500 S.W. BELGRAVE TERRACE  
STUART FL 34997 US

2. Principal Place of Business  
3131 SW MARTIN DOWNS BLVD, #371

3. Mailing Address  
3131 SW MARTIN DOWNS BLVD, #371

Suite, Apt. #, etc.

City & State  
PALM CITY FL

City & State  
PALM CITY FL

Zip  
34990

Country  
US

Zip  
34990

Country  
US

4. FEI Number  
65-0692157

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER DEBRA KAY  
1500 S.W. BELGRAVE TERRACE  
STUART FL 34997 US

7. Name and Address of New Registered Agent

Name  
FOSTER DEBRA KAY

Street Address (P.O. Box Number is Not Acceptable)  
3131 SW MARTIN DOWNS BLVD, #371

City  
PALM CITY FL

Zip Code  
34990

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 \_\_\_\_\_ DATE 04/21/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	Delete
NAME	FOSTER DEBRA KAY	<input type="checkbox"/>
STREET ADDRESS	1500 S.W. BELGRAVE TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DEBRA KAY FOSTER

PRES 04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)