

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000 34996**

1. Entity Name
Debt Elimination Services Inc

Principal Place of Business Mailing Address
2740 SW Martin Downs Blvd, #371 Palm City FL 34990 **2740 SW Martin Downs Blvd, #371 Palm City FL 34990**

2. Principal Place of Business 3. Mailing Address
2740 SW Martin Downs Blvd **2740 SW Martin Downs Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#371 **#371**
City & State City & State
Palm City FL **Palm City FL**
Zip Zip
34990 **34990** Country Country
USA **USA**

4. FEI Number
650826579 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Debra K Foster
1500 SW Belgrave Terr
Stuart FL 34997

7. Name and Address of New Registered Agent

Name **Todd Foster**
Street Address (P.O. Box Number is Not Acceptable)
2740 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 **8/15/01** **Todd Foster**

DATE **8/15/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **Director** ☒ Delete
NAME **Debra K Foster**
STREET ADDRESS **1500 SW Belgrave Terr.**
CITY-ST-ZIP **Stuart FL 34997**

TITLE **President** ☒ Delete
NAME **Debra K Foster**
STREET ADDRESS **1500 SW Belgrave Terr.**
CITY-ST-ZIP **Stuart FL 34997**

TITLE **Secretary** ☒ Delete
NAME **Debra K Foster**
STREET ADDRESS **1500 SW Belgrave Terr.**
CITY-ST-ZIP **Stuart FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** (new) ☒ Change ☐ Addition
NAME **Todd Foster**
STREET ADDRESS **2740 SW Martin Downs Blvd, #371**
CITY-ST-ZIP **Palm City FL 34990**

TITLE **President** (new) ☒ Change ☐ Addition
NAME **Todd Foster**
STREET ADDRESS **2740 SW Martin Downs Blvd #371**
CITY-ST-ZIP **Palm City FL 34990**

TITLE **Secretary** (new) ☒ Change ☐ Addition
NAME **Todd Foster**
STREET ADDRESS **2740 SW Martin Downs Blvd #371**
CITY-ST-ZIP **Palm City FL 34990**

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

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

TITLE ☐ Change ☐ Addition
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: **Todd Foster** **8/15/01**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amended
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AM 9:53

DO NOT WRITE IN THIS SPACE

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