## 2003 FO3 PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000061123

1. Entity Name

DEBT REDUCTION STRATEGIES, INC.



FILED
May 02, 2003 8:00 am
May 02, 2003 8:00 am Secretary of State
05-02-2003 90404 039 ***150.00

Principal Place of Business 1610 ATKAMIRE DR. TALLAHASSEE FL 32304		1610	Mailing Address 1610 ATKAMIRE DR. TALLAHASSEE FL 32304			. 1885(68) 118 (Brat 181)) 98)() 88)()	atili selit ul	Di 11 <b>20</b> 1 11 <b>016</b>	6 M <b>440</b> (Um 1 <b>40</b> )
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2. Principal P	Place of Business	3. Maili	3. Mailing Address			t controlle con rocker chief doest adiet	BOCK BEKEN BU	. <b>61</b> (1 <b>66)</b> (1666	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City	& State		4, FE	59-3649138			pplied For ot Applicable
Zip	Country	Zip		Country	<b>5</b> . Ce	ertificate of Status Desired		8.75 Adee Require	
	6. Name and Address of Curre	nt Registere	d Agent		7. Na	me and Address of New Re	gistered A	jent	
	A DOMESTIC			Name					j
HORNE, L				Street Addres	ss (P.O. Box	Number is Not Acceptable)			
	'AMIRE DR. SSEE FL 32304								
INLUMIN				City				Zip Cod	ie -
L <del></del>						:	FL	<u>L</u>	
	named entity submits this statemen tions of registered agent.	t for the purpo	ose of changing its	registered office or regis	stered ager	nt, or both, in the State of Flori	da. Lam fai	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title it appli	cable. (NOTE	E: Registered Agent signature requ	lired when reins	stating)	DATE		
FI	ILE NOW!!! FEE IS \$150.00				T	• Cl. For Order to Fine		^= -	
After	r May 1, 2003 Fee will be \$550.0	0				<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	ncing		00 May Be
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	Payable to Florida Department								
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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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

850-575025

Daytime Phone #

CR2E034 (10/02)