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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-27-2002 90325 013 ***150.00

DOCUMENT # P 99000001680 ✓

1. Entity Name
Nationwide Debt Management Services, Inc. ✓

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37827

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2. Principal Place of Business	3. Mailing Address
7300 West McNab Rd	7300 West McNab Rd.
Suite, Apt. #, etc. Suite 111-B	Suite, Apt. #, etc. Suite 111-B
City & State Tamarac, FL	City & State Tamarac, FL
Zip 33321 Country U.S.A.	Zip 33321 Country USA

4. FEI Number 65-0886927 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mark Hartstein

Street Address (P.O. Box Number is Not Acceptable): 7300 West McNab Rd. Suite 111

City: Tamarac **FL** Zip Code: 33321

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
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	HARTSTEIN, MARK 7300 West McNab Rd. STE 111 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (SOLE OFFICER)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 4/29/02 954-597-7142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #