2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000003534**

AMERICAN DEBT CONSOLIDATION & CREDIT SERVICES, I

			• "
Principal Place of Business		Mailing Address	
4201 N FEDERAL HWY STE E POMPANO BEACH FL 33064		4201 N FEDERAL HWY STE E POMPANO BEACH FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SPIEGEL & UTRERA, P.A.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

THOMAS, KEVIN

GREVE, SCOT

4201 N FEDERAL HWY

4201 N FEDERAL HWY

POMPANO BEACH FL 33064

POMPANO BEACH FL 33064

(See criteria on back)

PTD

SVD

343 ALMERIA AVENUE **CORAL GABLES FL 33134**

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

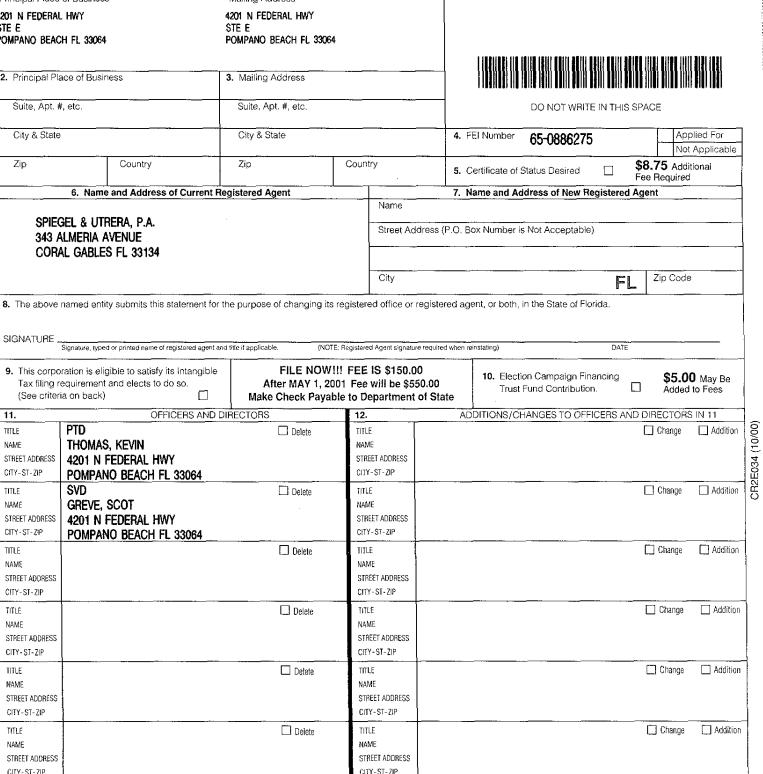
CITY-ST-7IP

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FILED Feb 28, 2001 8:00 am Secretary of State

2-28-2001 90117 023 ***150.00



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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

MAME

TITLE

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TITLE NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR SIGNATURE AND

Daytime Phone #