

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0277209 AV

DOCUMENT # P99000071494

1. Entity Name
WASHINGTON DEBT CONSOLIDATION, INC.



04-23-2003 90263 027 ***150.00

Principal Place of Business
**152 NE 167TH STREET
201
NORTH MIAMI BEACH FL 33162**

Mailing Address
**152 NE 167TH STREET
201
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business
152 N.E. 167th Street

3. Mailing Address
152 N.E. 167th Street

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 401

City & State
N. Miami Beach

City & State
N. Miami Beach

Zip
33162

Country

Zip
33162

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0949882**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHANG, ANTHONY M. C.
152 NE 167TH STREET
STE 210
N MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name
Chang, Anthony M. C.

Street Address (P.O. Box Number is Not Acceptable)
152 N.E. 167th Street

Suite 401

City **N. Miami Beach** **FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony M. C. Chang* **April 14, 2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, ANTHONY M. C. 11133 NW 2ND COURT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANG, THERESA C 11133 NW 2ND COURT CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 empowered.

SIGNATURE: *Anthony Chang* **Anthony Chang, President** **April 14, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)