

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 020 ***150.00

A0067131

DO NOT WRITE IN THIS SPACE

DOCUMENT # 999 0000 97237

1. Entity Name
 Affordable Debt Solutions, Inc. ✓

Principal Place of Business **Mailing Address**

2. Principal Place of Business
 1013 Greenpine Blvd.

3. Mailing Address

Suite, Apt. #, etc.
 G&2

Suite, Apt. #, etc.

City & State
 West Palm Beach, FL

City & State

Zip 33409 **Country** U.S.A. **Zip** **Country**

6. Name and Address of Current Registered Agent

Kokinos, Charles S.
 1013 Greenpine Boulevard G&2
 West Palm Beach, FL 33409

4. FEI Number
 Applied For

Applied For **Applied For**
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 11, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Kokinos, Charles S. 1013 Greenpine Blvd., G&2 West Palm Beach, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Charles Kokinos *Charles S. Kokinos*

 Signature and typed or printed name of signing officer or director

Date _____ Daytime Phone # _____

CR25034 11/01/01