

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90067 045 \*\*\*150.00

**DOCUMENT # S55913**

1. Entity Name  
**DEBTONE INC.**

Principal Place of Business  
**13401-2 SUMMERLIN RD  
 2 UNIVERSITY CROSSING  
 FT MYERS FL 33907  
 US**

Mailing Address  
**474 WASHINGTON COURT  
 FORT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0266143**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBE, DORIS  
 474 WASHINGTON CT  
 FORT MYERS BEACH FL 33931**

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 *Doris Dube*

(NOTE: Registered Agent signature required when reinstating)

3-20-01

DATE

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 1, 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, DEBRA</b>	
STREET ADDRESS	<b>474 WASHINGTON CT</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TIEDT, WARREN M.</b>	
STREET ADDRESS	<b>474 WASHINGTON COURT</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUBE, DORIS</b>	
STREET ADDRESS	<b>474 WASHINGTON CT</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Doris Dube*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

Daytime Phone #

CR2E034 (10/00)