

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000823

FILED
Jan 10, 2003
Secretary of State

Entity Name: ELIMIDEBT MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 65-0997938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROLAND, THOMAS
1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROLAND, THOMAS
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: PIZZONIA, JOSEPH
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: AVERSA, GERARD
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: DESENA, RICHARD
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D (X) Delete
Name: DESENA, RICHARD
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: D (X) Delete
Name: DESENA, RICHARD
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ROLAND

PRES

01/10/2003

Electronic Signature of Signing Officer or Director

_____ Date