

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 021 ***558.75

DOCUMENT # **F01000004219**

1. Entity Name
FAIR DEBT MANAGEMENT SERVICES, INC.



Principal Place of Business
**3 MOTT PLACE
DIX HILLS NY 11746**

Mailing Address
**3 MOTT PLACE
DIX HILLS NY 11746**



2. Principal Place of Business
3 MOTT PI

3. Mailing Address
3 MOTT PI

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Dix Hills NY

City & State
Dix Hills NY

Zip Country
11746 USA

Zip Country
11746 USA

4. FEI Number **11-3612901** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NEMIA, VALERIE
18488 NW 22ND STREET
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent
Name **Vogt, Thomas**
Street Address (P.O. Box Number is Not Acceptable)
11155 Black Willow Lane
City **Wellington FL** Zip Code **33414**

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 **Thomas Vogt** *[Signature]* DATE **8/21/03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PCD ROCCO, ROBERT D 3 MOTT PLACE DIX HILLS NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEMIA, VALERIE 18488 N.W. 22ND ST. PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOGT, THOMAS 11155 BLACK WILLOW LANE WELLINGTON FL <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
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: **Robert P. Rocco** *[Signature]* DATE **8/20/03** Daytime Phone # **631-274-4622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11000110

CR2E034 (4/03)