

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1940000 72462**

1. Entity Name  
**Moredirect Inc.**

**FILED**  
**01 DEC 24 PM 12:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**7300 N. Federal Hwy. Suite 200  
Boca Raton, FL 33414**      **7300 N. Federal Hwy  
Suite 200  
Boca Raton, FL 33414**

2. Principal Place of Business      3. Mailing Address  
**7300 N. Federal Hwy. Suite 200**      **Same as above**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State  
**Boca Raton, FL.**

City & State

4. FEI Number  
**65-0526173**

Applied For  
 Not Applicable

Zip      Country  
**33487      U.S.A**

Zip      Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**American Information Services, Inc.  
350 East Las Olas Blvd.  
Suite 1600  
Fort Lauderdale, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$350.00  
Date Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and CEO</b> <input type="checkbox"/> Delete <b>Russell Madris</b> <b>7300 N. Federal Hwy, Suite 200</b> <b>Boca Raton, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; CFO</b> <input type="checkbox"/> Delete <b>Scott Modist</b> <b>7300 N. Federal Hwy, Suite 200</b> <b>Boca Raton, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Sales</b> <input type="checkbox"/> Delete <b>Jim Garrity</b> <b>7300 N. Federal Hwy, Suite 200</b> <b>Boca Raton, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director of Sales</b> <input type="checkbox"/> Delete <b>Michael Diamant</b> <b>7300 N. Federal Hwy, Suite 200</b> <b>Boca Raton, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500004781105--9</b> <b>-01/17/02--01016--030</b> <b>****158.75      ****158.75</b>
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

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:

*S Modist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*MW*  
Date

CR2E034 (11/00)