

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90084 036 ***150.00

11-01111111

DOCUMENT # P94000072462

1. Entity Name
MOREDIRECT.COM, INC.

Principal Place of Business 7300 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33487	Mailing Address 7300 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

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 65-0526173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
State 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 1, 2002 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MADRIS, RUSSELL 7300 N. FEDERAL HIGHWAY,STE 200 BOCA RATON FL 33487	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF MODIST, SCOTT 7300 N. FEDERAL HIGHWAY,STE 200 BOCA RATON FL 33487	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARRITY, JIM 7300 N. FEDERAL HIGHWAY,STE 200 BOCA RATON FL 33487	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO DIAMANT, MICHAEL 7300 N.FEDERAL HWY,STE 200 BOCA RATON FL 33414	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **DATE:** _____ **DAYTIME PHONE #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)