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FILED
Sep 12, 2002 8:00 am
Secretary of State

08-06-2002 90134 031 ***150.00

99155

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 606442

1. Entity Name
DIRECT MARKETING SERVICES, INC. ✓

Principal Place of Business	Mailing Address
6424 AMBASSADOR DR PO BOX 261252 TAMPA FL 33685	6424 AMBASSADOR DR PO BOX 261252 TAMPA FL 33685

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 59-1875468 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, EDDIE L
3000 BISCAYNE BLVD., SUITE 408
MIAMI FL 33137

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, JAMES 6424 AMBASSADOR DR. TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, KAREN 6424 AMBASSADOR DR. TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd 4-18-02 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: James J. Kelly 9-5-02 813 885 5681
Date Daytime Phone #

Attachment

99155 [redacted]

#6006442

Direct Marketing Service
6424 Ambassador Dr.
Tampa, Florida 33615
813-885-5684

Sir

The check I sent in April has not yet been credited or returned to me - As per our phone conversation I am enclosing a replacement check -

Should the post office return the original check to you - Please return to above address

Thanks for your help - on the phone.

Jim Kelly