

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90322 009 ***150.00

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DOCUMENT # 606442

1. Entity Name

DIRECT MARKETING SERVICES, INC.



Principal Place of Business

**6424 AMBASSADOR DR
PO BOX 261252
TAMPA FL 33685**

Mailing Address

**6424 AMBASSADOR DR
PO BOX 261252
TAMPA FL 33685**

2. Principal Place of Business

**3959 VAN DYKE RD
Suite, Apt. #, etc. 183**

3. Mailing Address

**3959 VAN DYKE RD
Suite, Apt. #, etc. 183**

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33558

Country

HILLSBOROUGH

Zip

33558

Country

HILLSBOROUGH

4. FEI Number

59-1875468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

James J. Kelly
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P KELLY, JAMES**
STREET ADDRESS **6424 AMBASSADOR DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST. KELLY, KAREN**
STREET ADDRESS **6424 AMBASSADOR DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 live empowered.

SIGNATURE:

James J. Kelly
Signature and typed or printed name of signing officer or director
JAMES J. KELLY **4-22-03** **813-3631835**
Date Daytime Phone #

CR2E034 (10/02)