

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005571**

1. Entity Name

G. NEIL DIRECT MAIL, INC.**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90179 008 ***150.00

Principal Place of Business

Mailing Address

ATTN: LILLIAN RONDANINI
720 INTERNATIONAL PARKWAY
SUNRISE FL 33325**ATTN: LILLIAN RONDANINI**
720 INTERNATIONAL PARKWAY
SUNRISE FL 33325

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 **65-0866510**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	REED, HENRY	205 SOUTH PUENTE STREET	BREA CA				
V	JUKES, TERRY	720 INTERNATIONAL PARKWAY	SUNRISE FL 33325				
AS	JROLF, MARK	30 ROWES WHARF, STE 300	BOSTON MA				
CD	BROWN, GARY	720 INTERNATIONAL PKWY	SUNRISE FL				
D	GILLIGAN, MICHAEL	30 ROWES WHARF, STE 300	BOSTON MA				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)