

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90012 017 ****50.00

DOCUMENT # L00000013724

1. Entity Name

TARGET EMAIL DIRECT, LC



Principal Place of Business

Mailing Address

**SQUARE ONE BUSINESS COMPLEX
351 CYPRESS ROAD, SUITE 405
POMPANO BEACH FL 33060**

**SQUARE ONE BUSINESS COMPLEX
351 CYPRESS ROAD, SUITE 405
POMPANO BEACH FL 33060**

2. Principal Place of Business

185 NW SPANISH RIVER BLVD

3. Mailing Address

'SAME'

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33431

Country

USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1055413**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESNIAK, STANLEY
17098 COLLINS AVE.
SUNNY ISLED BEACH FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **LESNIAK, STANCEY**
STREET ADDRESS **185 NW SPANISH RIVER BLVD, STE 250**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561 395 3722

CR2E083 (10/02)