

# L01000009074

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009074

1. Entity Name

Direct Masking Supplies, LLC



FILED

03 DEC 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1133 4th Street

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Address

1133 4th Street

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, FL

Zip

34236

Country

USA

4. FEI Number

65-1109844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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.

DEBORAH D. SKIPPER

500025863245

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
U.J. Brualdi  
435 Lambiance Drive  
Longboat, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT 2003**

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

12/29/03

Date

973-301-2491

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY™

**L010000009074**

ACCOUNT NO. : 072100000032

REFERENCE : 378237 4809298

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$150.00

ORDER DATE : December 30, 2003

ORDER TIME : 1:06 PM

ORDER NO. : 378237-015

CUSTOMER NO: 4809298

CUSTOMER: Ms. Heidi Hansen  
Riker Danzig Scherer Hyland  
P.O. Box 1981

Morristown, NJ 07962-1981

RECEIVED  
03 DEC 30 PM 3:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DIRECT MASKING SUPPLIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_

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03 DEC 30 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA