

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003 9:01:05 AM \$50.00-\$50.00

0000007

DOCUMENT # L02000000786

1. Entity Name

DIRECTIVE MARKETING, L.L.C.



03 OCT -6 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

222 WILSHIRE BLVD
CASSELBERRY FL 32707

Mailing Address

222 WILSHIRE BLVD
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

593739568

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

ADAMS, KARA'S
222 WILSHIRE BLVD
CASSELBERRY FL 32707

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE *President*
NAME *Kara Adams*
STREET ADDRESS *8024 Lesia Circle*
CITY-ST-ZIP *Orlando FL 32835* ☐ Delete

TITLE *Vice President*
NAME *Jason Eyer*
STREET ADDRESS *8024 Lesia Circle*
CITY-ST-ZIP *Orlando FL 32835* ☐ Delete

TITLE *Director*
NAME *Danny Irizarry*
STREET ADDRESS *8054 Thompsons Sq*
CITY-ST-ZIP *Orlando FL 32807* ☐ Delete

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Delete

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Delete

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Delete

10. ADDITIONS/CHANGES

TITLE *P*
NAME *Kara Adams*
STREET ADDRESS *8024 Lesia Circle*
CITY-ST-ZIP *Orlando, FL 32835* ☐ Change ☒ Addition

TITLE *VP*
NAME *Jason Eyer*
STREET ADDRESS *8024 Lesia Circle*
CITY-ST-ZIP *Orlando, FL 32835* ☐ Change ☒ Addition

TITLE *D*
NAME *Danny Irizarry*
STREET ADDRESS *8054 Thompsons Sq*
CITY-ST-ZIP *Orlando, FL 32807* ☐ Change ☒ Addition

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Change ☐ Addition

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Change ☐ Addition

TITLE *[Redacted]*
NAME *[Redacted]*
STREET ADDRESS *[Redacted]*
CITY-ST-ZIP *[Redacted]* ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (4/03)

9/17/03 (407) 260-6199