

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24810

1. Entity Name

A. H. DIRECT MARKETING, INC.

**FILED**  
Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90020 038 \*\*\*150.00

Principal Place of Business

3936 CENTRAL AVE  
ST PETERSBURG FL 33711  
US

Mailing Address

3936 CENTRAL AVE  
ST PETERSBURG FL 34237-5352  
US

2. Principal Place of Business

2831 RINGLING BLVD

Suite, Apt. #, etc.

SUITE - 115 D

CITY & STATE  
SARASOTA, FL

Zip

34237

Country

SARASOTA

3. Mailing Address

2831 RINGLING BLVD

Suite, Apt. #, etc.

SUITE 115 D

CITY & STATE  
SARASOTA, FL

Zip

34237

Country

SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3006232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALLOCK, ANTHONY  
3936 CENTRAL AVE  
SUITE 200  
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

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

2831 RINGLING BLVD

SUITE 115-D

City

SARASOTA

FL

Zip Code

34237

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

*Anthony Hallock*

02-04-2000

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS HALLOCK, ANTHONY  
CITY-ST-ZIP 4804 FEATHER BED LANE  
FIESTA KEY FL

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS COOK-HALLOCK, SUSAN  
CITY-ST-ZIP 4804 FEATHER BED LANE  
FIESTA KEY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4174 CENTRAL SARASOTA PKWY #228  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4174 CENTRAL SARASOTA PKWY #228  
CITY-ST-ZIP SARASOTA, FL 34238

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

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

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

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

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:

*Anthony Hallock* ANTHONY HALLOCK 02-04-2000 941-954-1272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)