

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24810

1. Entity Name
A. H. DIRECT MARKETING, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90067 031 ***150.00

Principal Place of Business 2831 RINGLING BLVD STE 115-D SARASOTA FL 34237 US	Mailing Address 2831 RINGLING BLVD STE 115-D SARASOTA FL 34237 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 170 BOSTON POST RD Suite, Apt. #, etc. PMB 136	3. Mailing Address 170 BOSTON POST RD Suite, Apt. #, etc. PMB 136
--	--

City & State MADISON, CT	City & State MADISON, CT
Zip 06443	Zip 06443
Country	Country

4. FEI Number 59-3006232	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

HALLOCK, ANTHONY
2831 RINGLING BLVD
STE 115-D
SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name
MARTIN S. JONES
Street Address (P.O. Box Number is Not Acceptable)
7746 66TH ST N
City
PINELLAS PARK FL Zip Code
33781

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 *Martin S. Jones* MARTIN S. JONES 2-16-01
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 State

10. 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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLOCK, ANTHONY		NAME		
STREET ADDRESS	4174 CENTRAL SARASOTA PKWY 228		STREET ADDRESS	61 HARKNESS DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	MADISON, CT 06443	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK-HALLOCK, SUSAN		NAME		
STREET ADDRESS	4174 CENTRAL SARASOTA PKWY 228		STREET ADDRESS	61 HARKNESS DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	MADISON, CT 06443	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 2-26-01 203-421-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)