

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90063 039 \*\*\*150.00

**DOCUMENT # L24810**

1. Entity Name

**A. H. DIRECT MARKETING, INC.**

Principal Place of Business

**170 BOSTON POST RD PMB #136  
MADISON CT 06443  
US**

Mailing Address

**170 BOSTON POST RD PMB #136  
MADISON CT 06443  
US**

2. Principal Place of Business

**4279 BALMORAL WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**4279 BALMORAL WAY**  
Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**59-3006232**

Applied For

Not Applicable

Zip

**34238**

Country

**SARASOTA**

Zip

**34238**

Country

**SARASOTA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, MARTIN S  
7746 66TH ST N  
PINELLAS PARK FL 33281**

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Anthony Hallock*

*2-22-02*

(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, 2002 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 HALLOCK, ANTHONY**  
STREET ADDRESS **61 HARKNESS DR**  
CITY-ST-ZIP **MADISON CT 06443**

TITLE ☐ Delete  
NAME **DST COOK-HALLOCK, SUSAN**  
STREET ADDRESS **61 HARKNESS DR**  
CITY-ST-ZIP **MADISON CT 06443**

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 **4279 BALMORAL WAY**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4279 BALMORAL WAY**  
CITY-ST-ZIP **SARASOTA, FL 34238**

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)