

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90018-046-\$550.00-\$550.00

DOCUMENT # L93907

1. Entity Name

DIRECT MAIL OF SOUTH FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:00

Principal Place of Business  
5301 SW SNOWBERRY LANE  
PALM CITY FL 34990  
US

Mailing Address  
5301 SW SNOWBERRY LANE  
PALM CITY FL 34990  
US

2. Principal Place of Business

5301 SW Snowberry Ln

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL  
Zip 34990 Country Martin

City & State

Zip Country

4. FEI Number 59-3026978

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Howell RIVET, LETHA  
3601 N DIXIE HWY  
#10  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name ~~Howell RIVET, LETHA~~  
Street Address (P.O. Box Number is Not Acceptable)  
5301 SW Snowberry Ln  
City Palm City FL Zip Code 34990

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

Howell RIVET, LETHA

(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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS RIVET, LETHA 112 S FEDERAL HWY POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVET, LETHA 112 S FEDERAL HWY POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWELL, TIMOTHY J 3601 N DIXIE HWY #10 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rivet, Letha Howell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5301 SW Snowberry Lane Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howell, Timothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5301 SW Snowberry Lane Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(1), 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:

SIGNATURE REQUIRED

(Signature and typed or printed name of signing officer or director)

Howell RIVET, LETHA 9/18/00 561 288 0906

Date

Daytime Phone #

CR2E034 (5/00)