

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25650

1. Entity Name

DIRECT MAIL CENTER, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90166 024 ***150.00

Principal Place of Business

650 EMERALD WAY WEST
DEERFIELD BEACH FL 33442
US

Mailing Address

650 EMERALD WAY WEST
DEERFIELD BEACH FL 33442
US

80030278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

650 EMERALD WAY WEST

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33442

Country

BROWARD

Zip

Country

4. FEI Number 59-2631800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLTON, LARRY R
650 EMERALD NAY WEST
DEERFIELD BEACH FL 33442

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

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

TITLE P
NAME MOHR, LARRY R.
STREET ADDRESS 650 EMERALD WAY WEST
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE VPST
NAME LEVY, EDWARD J.
STREET ADDRESS 1042 KOKOME LANE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Larry R Mohr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-481-1747

CR2E034 (10/00)