## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

650 EMERALD WAY WEST

DEERFIELD BEACH FL 33442

## M25650 DOCUMENT #

1. Entity Name

US

Principal Place of Business 650 EMERALD WAY WEST

DEERFIELD BEACH FL 33442

2. Principal Place of Business

DIRECT MAIL CENTER, INC.



Mar 20, 2003 8:00 am § Secretary of State **FILED** 

03-20-2003 90143 015 \*\*\*150.00

10041190



Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City	& State		4.	4. FEI Number 59-2631800			pplied For ot Applicable
Zip	Zíp Country				Country	5. (	Certificate of Status Desired	Desired S8.75 Additional Fee Required		ditional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
MOHR, LARRY R						Street Address (P.O. Box Number is Not Acceptable)				
650 EMERALD NAY WEST							<del></del>			
DEERFIEL	D BEACH F	EL 33442								
						City FL Zip Code				
	named entity ons of regist		nt for the purp	ose of changing its re	gistered office o	registered ag	ent, or both, in the State of Florid	da. I am fam	illiar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NÔTE: R	egistered Agent signat	ure required when re	sinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9: Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees
10.		OFFICERS A	ND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11
TITLE	Р			☐ Delete	TITLE			Ľ	Change	Addition
NAME	MOHR, LA	irry R.			NAME					
		ALD WAY WEST			STREET ADDRESS					
CITY-ST-ZIP	DEERFIEL	D BEACH FL 33442			CITY-ST-ZIP					
TITLE	VPST	•		Delete	TITLE				Change	☐ Addition
NAME	LEVY, EDV	vard J.			NAME					
STREET ADDRESS	1042 KOK	ome lane			STREET ADDRESS					
CITY-ST-ZIP	<b>DELRAY B</b>	EACH FL 33483		_	CITY-ST-ZIP					
TITLE	<u> </u>	the contract of the contract o		Delete	TITLE				Change	☐ Addition
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NAME					NAME			_		
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
	ortific that the	information augaliad	with this filing	dose not qualify for th		lad in Caption :	110 07/2Vi) Florido Statutas I fe			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: