

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M74123**

1. Entity Name

DIRECT MEDIA RESPONSE, INC.**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90286 031 ***150.00

Principal Place of Business

Mailing Address

~~1810 NW 6TH ST.~~
~~STE B~~
~~GAINESVILLE FL 32609~~
~~US~~~~1810 NW 6TH ST.~~
~~STE B~~
~~GAINESVILLE FL 32609~~
~~US~~**C0029269**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9494 SW 69TH AVE

Suite, Apt. #, etc.

3. Mailing Address

9494 SW 69TH AVE

Suite, Apt. #, etc.

City & State

HAMPTON FL 32044

Zip

Country

32044**USA**

City & State

HAMPTON FL 32044

Zip

Country

32044**USA**

4. FEI Number

59-2889371

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, THOMAS A.
234 SOUTH MAIN ST.
GAINESVILLE FL 32601

Name

THOMAS A. DANIEL

Street Address (P.O. Box Number is Not Acceptable)

623 NORTH MAIN STREET

City

GAINESVILLE**FL**

Zip Code

32601

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

2-28-019. 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 State10. 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** ☐ Delete
NAME **LEWIS, LEONARD**
STREET ADDRESS **9494 SW 69 AVE**
CITY-ST-ZIP **HAMPTON FL 32044**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **LEWIS, VEDA**
STREET ADDRESS **9494 SW 69 AVE**
CITY-ST-ZIP **HAMPTON FL 32044**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/01 **352-468-2059**

CR2E034 (10/00)