

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90039 030 ***150.00

DOCUMENT # P00000038087

1. Entity Name
DIRECT MAIL PRINTING, INC.

Principal Place of Business
111 MOODY AVE.
TAMPA FL 33609

Mailing Address
111 MOODY AVE.
TAMPA FL 33609

2. Principal Place of Business
109 North Brush St
Suite, Apt. #, etc.
C/O N. Cannella STE 500

3. Mailing Address
109 North Brush St
Suite, Apt. #, etc.
C/O N. Cannella STE 500

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33601

Country
Hills

Zip
33601

Country
Hills

4. FEI Number
59-3650361

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

CANNELLA, NORMAN S
111 MOODY AVE.
TAMPA FL 33609

Name
Street Address (P.O. Box Number is Not Acceptable)
109 North Brush St. STE 500
STE 500
City
Tampa, FL Zip Code
33601

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	UNDORF, ROBERT	111 MOODY AVE.	TAMPA FL 33609	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		109 North Brush St. STE 500	Tampa, FL 33601		

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

Robert Undorf

Date

2/21/01

Daytime Phone #

813 679-8652

CR2E034 (10/00)