

2005  
**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000049554**

1. Entity Name  
**BRAMLETT DIRECT MAIL SERVICES, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:16

Principal Place of Business  
**6301 N FLORIDA AVE  
TAMPA FL 33604**

Mailing Address  
**6301 N FLORIDA AVE  
TAMPA FL 33604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3646329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRAMLETT, MONTINE R  
8708 ALBION COURT  
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

**ELIZABETH BRAMLETT**

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

**6301 N. FLORIDA AVE**

City

**TAMPA**

FL

Zip Code

**33603**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Elizabeth Bramlett*

Signature, type or printed name of registered agent and title if applicable.

**ELIZABETH BRAMLETT**

(NOTE: Registered Agent signature required when reinstating)

**01-26-2005**

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 Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>P</b>                   | Delete                          |
| NAME           | <b>BRAMLETT, ELIZABETH</b> |                                 |
| STREET ADDRESS | <b>6301 N FLORIDA AVE</b>  |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33604</b>      |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |   |
|----------------|--------------------------------------|---|
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>800046085378</b>                  |   |
| STREET ADDRESS | <b>02/07/05--01034--001 **150.00</b> |   |
| CITY-ST-ZIP    |                                      |   |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                      |   |
| STREET ADDRESS |                                      |   |
| CITY-ST-ZIP    |                                      |   |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                      |   |
| STREET ADDRESS |                                      |   |
| CITY-ST-ZIP    |                                      |   |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                      |   |
| STREET ADDRESS |                                      |   |
| CITY-ST-ZIP    |                                      |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth Bramlett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-05 813-234-2206**

Date

Daytime Phone #

0452261 AV

CR2E034 (10/02)