

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/7/2003-90137-048-\$150.00-\$150.00

DOCUMENT # P00000049554

1. Entity Name
BRAMLETT DIRECT MAIL SERVICES, INC.



03 JUL 18 AM 10:50

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
6301 N Florida Ave
Suite, Apt. #, etc.

3. Mailing Address
6301 N Florida Ave
Suite, Apt. #, etc.

City & State
Tampa FL
Zip 33604 Country USA

City & State
Tampa FL
Zip 33604 Country USA

4. FEI Number 59-3646329
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

BRAMLETT, MONTINE R
8708 ALBION COURT
TAMPA FL 33634

Name Montine Bramlett
Street Address (P.O. Box Number is Not Acceptable)
2609 Auburn Ave W
City Tampa FL Zip Code 33614

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 Montine Bramlett

7-2-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BRAMLETT, ELIZABETH 6301 N FLORIDA AVE TAMPA FL 33604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 links empowered.

SIGNATURE: Elizabeth Bramlett

7-2-03 83 234-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)



July 3, 2003

To Whom It May Concern:

Please waive the \$400.00 late fee. We just received the Florida Department of State Division of Corporations 2003 Uniform business Report today, July 3, 2003. This is the first notification for the Uniform Business Report. I dialed your number (850-245-6059) and one of your reps stated that I write this letter to you.

Should you have any questions, please contact me or Elizabeth Bramlett at 813-234-2206.

Thank you,

A handwritten signature in cursive script that reads "Montine Bramlett". The signature is written in dark ink and includes a stylized flourish at the end.

Montine Bramlett

6301 North Florida Avenue
Tampa, Florida 33604
Phone: 813.234.2206
Fax: 813.234.2216
E-mail: bss11717@aol.com