

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077730

1. Entity Name

FACTORY DIRECT STICKERS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90185 030 ***150.00

Principal Place of Business
925 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

Mailing Address
925 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

00052721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3664712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Joel Carmany

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

925 Florida Central Parkway

City

Longwood

FL

Zip Code

32750

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

Joel Carmany

Joel Carmany

4/30/01

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

(NOTE: Registered Agent signature required when reinitiating)

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 PD
NAME CARMANY, JOEL
STREET ADDRESS 925 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME GROSBERG, BRAD
STREET ADDRESS 925 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME KEAN, PHILLIP
STREET ADDRESS 925 FLORIDA CENTRAL PARKWAY
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

Joel Carmany

Date

4/30/01

Daytime Phone #

407-339-2626

CR2E034 (10/00)