

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90119 050 \*\*\*150.00

**DOCUMENT # P01000020636**

1. Entity Name  
**DELRAY DIRECT, INC.**

Principal Place of Business

2929 ZORNO WAY, #103  
 DELRAY BCH FL 33445

Mailing Address

2929 ZORNO WAY, #103  
 DELRAY BCH FL 33445

2. Principal Place of Business

**433 Homewood Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

**433 Homewood Blvd**  
 Suite, Apt. #, etc.

City & State

**Delray Beach, FL**  
 Zip **33445** Country **USA**

City & State

**Delray Beach, FL**  
 Zip **33445** Country **USA**

4. FEI Number

**05-1083766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PRUSINSKI, GARY**  
**2929 ZORNO WAY, #103**  
**DELRAY BCH FL 33445**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 \$650.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **D** ☐ Delete  
 NAME **PRUSINSKI, GARY**  
 STREET ADDRESS **2929 ZORNO WAY, #103**  
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **D** ☐ Delete  
 NAME **BRUCE, KIMBERLY**  
 STREET ADDRESS **5962 MORNINGSTAR CIR., #104**  
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

attachment



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 18, 2002

DELRAY DIRECT, INC.  
433 HOMEWOOD BLVD  
DELRAY BCH, FL 33445

SUBJECT: DELRAY DIRECT, INC.  
Ref. Number: P01000020636

678701

We have received your document for DELRAY DIRECT, INC. and check(s) totaling \$129.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 102A00053235

9/8/02

Attachment

JVC. #P01000020636  
6078701

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND A CHECK  
FOR THE AMOUNT OF \$129.-

THIS IS DUE TO A PHONE CONVERSATION  
IN REGARDS TO NEVER RECEIVING FIRST  
NOTICE OF PAYMENT. DUE TO MOVE  
AND CHANGE IN MAILING ADDRESS THE  
FIRST NOTICE WAS NEVER RECEIVED.

WITH A NOTE OF EXPLANATION AND  
A CHECK OF \$129.- THIS MATTER  
IS SUPPOSED TO THEREFORE BE  
RESOLVED.

SINCERELY -

KIM BRUCE