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FILED
May 24, 2002 8:00 am
Secretary of State

04-11-2002 90059 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082304

1. Entity Name

DIRECT MAIL SOLUTIONS OF THE TREASURE COAST, INCORPORATED

Principal Place of Business	Mailing Address
~~2400 SE FEDERAL HIGHWAY~~	~~2400 SE FEDERAL HIGHWAY~~
~~SUITE 330~~	~~SUITE 330~~
~~STUART FL 34994~~	~~STUART FL 34994~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
380 SE Poma Way		380 SE Poma Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart FL		City & State: Stuart FL	
Zip: 34994	Country: Martin	Zip: FL	Country: Martin

4. FEI Number 65-1143116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GARY A
~~2400 SE FEDERAL HIGHWAY~~
~~SUITE 330~~
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 380 SE Poma Way

City Stuart FL Zip Code 34994

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] 4/2/2

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, 2002 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	D JOHNSON, GARY A 2400 SE FEDERAL HIGHWAY SUITE 330 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary Johnson 380 SE Poma Way Stuart FL 34994	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP David Herold 380 SE Poma Way Stuart FL 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/2/2 772 463 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #