


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

DOCUMENT # <u>PO1000094604</u>	
1. Entity Name <u>Drop Ship Direct, Inc</u>	

FILED
03 OCT -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business <u>P.O. Box 270687</u>		3. Mailing Address <u>P.O. Box 270687</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>	
Zip <u>33688</u>	Country <u>U.S.A.</u>	Zip <u>33688</u>	Country <u>U.S.A.</u>

600023485836
10/01/03--01038--005 **150.00

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4. FEI Number <u>59-3747417</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent		
Name <u>Pekar Vladislav</u>		
Street Address (P.O. Box Number is Not Acceptable)		
<u>14206</u>	<u>Mapleton</u>	<u>PL</u>
City <u>Tampa</u>	State <u>FL</u>	Zip Code <u>33624</u>

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 Selena Pekar

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

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

<table border="1" style="width:100%"> <tr><td>TITLE</td><td><u>P. D.</u></td></tr> <tr><td>NAME</td><td><u>Vladislav Pekar</u></td></tr> <tr><td>STREET ADDRESS</td><td><u>14206 Mapleton PL Tampa FL 33624</u></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE	<u>P. D.</u>	NAME	<u>Vladislav Pekar</u>	STREET ADDRESS	<u>14206 Mapleton PL Tampa FL 33624</u>	CITY-ST-ZIP		<table border="1" style="width:100%"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Selena Pekar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-25-03
Date

Daytime Phone #

CR2E034B (12/02)

Drop Ship Direct, Inc.
P.O. Box 270687
Tampa, Florida 33688

September 25, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

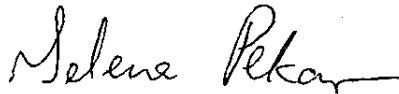
Please find enclosed a Form UBR for the year 2003, and a check in the amount of \$150.00 for the annual fee.

After speaking with a representative of your office, I learned that the original UBR form, mailed to the corporation in December 2002, had been returned to your office via the United States Postal Service. I'm not sure why this happened, but the result was that I never received the form. Now the corporate status of Drop Ship Direct, Inc. has been dissolved, and reinstatement is necessary.

Due to the mix-up in the delivery of our UBR form, I request that you waive the \$600.00 reinstatement fee, and accept this UBR form and payment as being timely filed.

I thank you for your assistance in this matter.

Sincerely,



Yelena Pekar, Vice President