

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099866

1. Entity Name

DIRECT MARKET LINK CORP.

Principal Place of Business

~~2550 ROBERT TRENT JONES DR. #1420
ORLANDO FL 32805~~

Mailing Address

~~2550 ROBERT TRENT JONES DR. #1420
ORLANDO FL 32805~~

2. Principal Place of Business

11652 PineLoch Loop

6. Mailing Address

200 E. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500

City & State

Clermont, FL

City & State

Orlando, FL

Zip

34711

Zip

32801

Country

USA

Country

4. FEI Number

59-3751181

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.

200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **HENDRY, STONER, DELANCETT & BROWN, P.A.**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

H. Stan Brown, Shorthill 2/8/02

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 **D** Delete
NAME **LUNT, DANIEL M**
STREET ADDRESS ~~2550 ROBERT TRENT JONES DR. #1420~~
CITY-ST-ZIP ~~ORLANDO FL 32805~~

TITLE **D/P/5** Change Addition

*11652 PineLoch Loop
Clermont, FL 34711*

TITLE **D** Delete
NAME **LUNT, ROBERT S**
STREET ADDRESS **15 SPRING GARDENS**
CITY-ST-ZIP **RAYLEIGH ESSEX SS6 7D**

TITLE **D/V/P** Change Addition

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

Change Addition

TITLE Delete
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CITY-ST-ZIP Delete

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Change Addition

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CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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:

H. Stan Brown, Shorthill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90070 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)