

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023786		
1. Entity Name 1 DIRECT, INC.		
Principal Place of Business 1606 ESPANOLA AVENUE HOLLY HILL, FL 32117		Mailing Address 1606 ESPANOLA AVENUE HOLLY HILL, FL 32117
2. Principal Place of Business 750 FENTRESS BLVD		3. Mailing Address 750 FENTRESS BLVD
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State DAYTONA BEACH FL		City & State DAYTONA BEACH FL
Zip 32114		Zip 32114
Country		Country
4. FEI Number 01-0627216		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROST, SCOTT R 444 SEABREEZE BLVD SUITE 400 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name SASSER, DAVID Street Address (P.O. Box Number is Not Acceptable) 750 FENTRESS BLVD. City DAYTONA BEACH FL Zip Code 32114
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 DAVID SASSER / PRESIDENT DATE 4-30-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when instituting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Delete		☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: DAVID SASSER DATE: 4-30-03 TELEPHONE: 386-274-1221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

20041162



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)