2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DOCUMENT # **P94000038616** May 01, 2000 8:00 am Secretary of State 1. Entity Name EASTERN DIRECT MARKETING CO. 05-01-2000 90492 037 ***150.00 Mailing Address Principal Place of Business 600 S. DIXIE HWY. 600 S. DIXIE HWY. STE 210 STF 210 **BOCA RATON FL 33432-6034 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0491873 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAXL, KURT Street Address (P.O. Box Number is Not Acceptable) 600 S. DIXIE HWY. STE #210 **BOCA RATON FL 33432** 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 → FILE NOW!!! FEE IS \$150.00--- ---9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE TITLE KEMP, PHILLIP NAME NAME STREET ADDRESS 600 S DIXIE HWY #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition Change $\overline{\mathsf{VPD}}$ ☐ Delete TITLE TITLE DRAXL, KURT NAME NAME 600 S DIXIE HWY #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ■ Addition **■** Delete ☐ Change TITLE SUTTON, DONALD. NAME STREET ADDRESS STREET ADDRESS **600 S DIXIE HWY 210** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the empowered.