## **. 2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P94000085837** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name FIDELITY DIRECT MARKETING SOFTWARE AND SERVICES 04-21-2000 90145 012 \*\*\*150.00 Principal Place of Business Mailing Address % RICK LEWINGER % RICK LEWINGER 899 W. CYPRESS CREEK RD., SUITE 321 899 W. CYPRESS CREEK RD., SUITE 321 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-2064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0606571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DECORTE, ALAIN J Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE FL 33309 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition MDP ☐ Delete TITLE TITLE DECORTE, ALAIN NAME NAME STREET ADDRESS STREET ADDRESS **RUE GABRIELLE 118** CITY-ST-ZIP CITY-ST-ZIF 1180 BRUSSELS, BELGIUM ☐ Addition ☐ Change DS ☐ Delete TITLE NAME BECQUEVORT, ISABELLE NAME 1451 W. CYPRESS CREEK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR