2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000062860

1. Entity Name

B'S DIRECT MARKETING ASSOCIATES, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90742 049 ***150.00

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Principal Place of Business 731 S. FLORIDA AVE. LAKELAND FL 33801				Mailing Address 731 S. FLORIDA AVE. LAKELAND FL 33901											
2. Principal Place of Business				3. Mailing Address										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES									
City & Stat	e	City & State				4. FEI Number 59-3337929 Applied For Not Applicable									
Zip Country		Country	Zip		Coun	Country		Certificat	e of Statu	s Desire	ed		\$8.75 A		7
	6. Name and	d Address of Current	Register	ed Agent			7. N	Name an	d Addres	s of Ne	ew Reg	istered	Agent		٦.
						Name									٦
BIGMAN, ELLIOT S 6051 TIDEWATER ISLAND CR						Street Address (P.O. Box Number is Not Acceptable)									-
FORT MY	ERS FL 33908]
						City						FL	Zip Co	de	-
	named entity su tions of registered	bmits this statement for d agent.	r the purp	pose of changing its	registere	ed office or register	red age	ent, or be	oth, in the	State o	of Florid	la. I am	familiar with	, and accept	1
SIGNATURE .	Signature, typed or pr	inted name of registered agent a	and title if app	Dlicable. (NOTE	: Registere	d Agent signature required	d when re	ainstating)			~	DATE			
After	r May 1, 2003 I	EE IS \$150.00 Fee will be \$550.00 orida Department of	State					1	lection C rust Fund			icing		00 May Be ed to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		AD	DITIONS	/CHANC	SES TO	OFFICE	ERS AND	DIRECTO	RS IN 11	┪
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NAME	BIGMAN, ELL	IOT S			NAM	E							_ ,		
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CITY-ST-ZIP	FORT MYERS	FL 33908			CITY	-ST-ZIP									
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NAME	BRIM, CATHY	'L			NAM	E							_ •	_	1
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	certify that the inf	ormation supplied with	this filing	does not qualify for	Щ		ection 1	110 07/3	Vi) Eloric	la Statur	toe I fu	irther car	tify that the	information	-

release series 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:

863-688 6659