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

## **FILED** Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P95000097448 1. Entity Name DIRECT RESPONSE MARKETING OF ORLANDO, INC. 01-21-2000 90082 014 \*\*\*150.00 Principal Place of Business Mailing Address 7033 STAPOINT CT 7033 STAPOINT CT WINTER PARK FL 32792-6696 WINTER PARK FL 32792 B0005737 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 59-3349760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATVALA, W.J. Street Address (P.O. Box Number is Not Acceptable) 7033 STAPOINT CT WINTER PARK FL 32792 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE P ☐ Delete TITLE Addition NAME W. J. LATVALA NAME STREET ADDRESS STREET ADDRESS 7033 STAPOINT CT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Delete TITI F TITLE Change ☐ Addition NAME CHARLES BARNETT, JR. NAME STREET ADDRESS STREET ADDRESS 7033 STAPOINT CT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change Addition TITLE .Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 like empowered.

SIGNATURE:

aure Kequire SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR