

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 041 ***150.00

DOCUMENT # **P96000050437**

1. Entity Name

Direct Com National, Inc.

DO NOT WRITE IN THIS SPACE

80056610

2. Principal Place of Business

1237 S. Lincoln Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33756

Country

Pinellas

Zip

Country

4. FEI Number

59-3386607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Dwight A. Therrien

Street Address (P.O. Box Number is Not Acceptable)

2801 Orange Grove Way

City

Palm Harbor

FL

Zip Code

34684

**DO NOT WRITE
IN THIS SPACE**

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

Dwight A. Therrien

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.V.I.S. Dwight A. Therrien 2801 Orange Grove Way Palm Harbor, FL 34684</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dwight A. Therrien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/02 (727) 726-2598

Daytime Phone #

CR2E034B (12/01)