

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082199

1. Entity Name

GROUP DIRECT MARKETING SERVICES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90109 035 ***150.00

Principal Place of Business

Mailing Address

3302 W AZEELE ST.
#200
TAMPA FL 33609
US

3302 W. AZEELE ST
#200
TAMPA FL 33682-7237
US

2. Principal Place of Business

3. Mailing Address

104 E. Fowler Ave.
Suite, Apt. #, etc.
170

P.O. Box 17237
Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33612

USA

33682

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAYHOFF, CHARLES S III
3830 TAMPA ROAD
SUITE 150
PALM HARBOR FL 34684

Name

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

City

FL

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FARAGUNA, MICHAEL J	
STREET ADDRESS	1217 S PINE LAKE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARAGUNA, SUSAN C	
STREET ADDRESS	1217 S PINE LAKE DR	
CITY-ST-ZIP	TAMPA FL	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00 813-936-8700

CR2E034 (9/99)