

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089200

1. Entity Name

DIRECT MARKETING SERVICES GROUP, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90068 035 \*\*\*150.00

Principal Place of Business 7601 NORTH FEDERAL HIGHWAY SUITE 205B BOCA RATON FL 33487 US	Mailing Address 7601 NORTH FEDERAL HIGHWAY SUITE 205B BOCA RATON FL 33487-1637
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 413 NE THIRD ST	3. Mailing Address 413 NE THIRD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33483	Country PB

4. FEI Number 65-0730464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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7. Name and Address of New Registered Agent Name: TIMM SWEENEY Street Address (P.O. Box Number is Not Acceptable) 915 EMERALD ROW City: GULF STREAM FL Zip Code: 33483
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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: TIMM SWEENEY - PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 11-1-00
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SWEENEY, JEANNE 7601 N FEDERAL HWY #205B BOCA RATON FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, TIMM 7601 NORTH FEDERAL HIGHWAY, STE 2053 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	413 NE THIRD ST DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADDED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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: TIMM SWEENEY - PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1-11-00 Daytime Phone #: 8002094921

CR2E034 (9/99)