

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000062765**1. Entity Name
DIRECT CORPORATE SOLUTIONS, INC.**Principal Place of Business**

1850 PORTER LAKE DR. #103

SARASOTA

34240

FL

US

Mailing Address

4411 BEE RIDGE RD.

SUITE #375

SARASOTA

34233

FL

US

2. Principal Place of Business**3. Mailing Address**

4411 BEE RIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 375

City & State

City & State

SARASOTA

FL

Zip

Country

Zip

Country

34233

US

4. FEI Number**65-0769059**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAMAN JEFFREY A
14502 N. DALE MABRY HIGHWAY STE. 300

TAMPA

33618

FL

US

7. Name and Address of New Registered Agent

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)

02/08/2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ AdditionTITLE
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CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Larry O. Futch

PS

02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)