

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072359

1. Entity Name

DEFUNIAK SPRINGS CATALOG SALES, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90035 027 ***150.00

Principal Place of Business

633 HIGHWAY 90 WEST
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 1449
DEFUNIAK SPRINGS FL 32435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3468674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MARK D
694 BALDWIN AVENUE
DEFUNIAK SPRING FL 32433

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, 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 PSTD
NAME BUTTS, R. BRUCE
STREET ADDRESS 730 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☒ Delete

TITLE PSTD
NAME BUTTS, KAREN A.
STREET ADDRESS 730 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SP65, FL 32433 ☐ Change ☒ Addition

TITLE VPD
NAME FRIZZELL, ARTHUR
STREET ADDRESS 580 TWIN LAKES DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☒ Delete

TITLE VPD
NAME FRIZZELL, PAMELA M.
STREET ADDRESS 580 TWIN LAKES DR
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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, if any, 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 liquidator of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)