

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90171 027 ***150.00

DOCUMENT # P97000101214

1. Entity Name

DIRECT MAIL MANAGEMENT SERVICES, INC.

Principal Place of Business

**4445 SW 35TH TERRACE
 SUITE 240
 GAINESVILLE FL 32608
 US**

Mailing Address

**4445 SW 35TH TERRACE
 SUITE 240
 GAINESVILLE FL 32608
 US**

00033879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

102 SW 6th St
 Suite, Apt. #, etc.

3. Mailing Address

102 SW 6th St
 Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3481204

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WATERS, ROBERT
 4445 SW 35TH TERRACE
 SUITE 240
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

Robert Waters

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

102 SW 6th St

City

Gainesville

FL

Zip Code

32601

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

Robert Waters

4/18/01
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS, ROBERT	
STREET ADDRESS	4445 SW 35TH TERRACE, SUITE 240	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Waters	
STREET ADDRESS	102 SW 6th St	
CITY-ST-ZIP	Gainesville FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert Waters

4/18/01
 Date

552 314 4670
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)