

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006749

1. Entity Name

DIRECT LABEL DISTRIBUTION, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90034 037 \*\*\*150.00

Principal Place of Business

Mailing Address

300 FRANDERSON CIR STE 100  
APOLLO BEACH FL 33572

300 FRANDERSON CIR STE 100  
APOLLO BEACH FL 33572-2682

2. Principal Place of Business

3. Mailing Address

300 Franderson Circle

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S.100

City & State

City & State

4. FEI Number

59-3486733

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCKINZIE, DALE R  
801 CHIPAWAY DR  
APOLLO BCH FL 33572

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 VP  
NAME MCKINZIE, DALE R  
STREET ADDRESS 801 CHIPAWAY DR  
CITY-ST-ZIP APOLLO BCH FL 33572 ☐ Delete

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

TITLE P  
NAME DAUGHTRY-MCKINZIE, CINDY  
STREET ADDRESS 801 CHIPAWAY DR  
CITY-ST-ZIP APOLLO BCH FL 33572 ☐ Delete

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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, trustee, or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

DALE R. MCKINZIE

1/17/00

813-641-950

Daytime Phone #