

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/17/00-90844-009-\$150.00-\$150.00

DOCUMENT # P98000047350

1. Entity Name

800 DIRECT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 28 PM 2:09

Principal Place of Business

Mailing Address

2600 9TH ST N  
2ND FLOOR  
ST. PETERSBURG FL 33704

P.O. DRAWER 76387  
ST. PETERSBURG FL 33734-6387  
US

2. Principal Place of Business

2639 9th Street North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33704

Country

U.S.A.

Zip

Country

4. FEI Number

59-3653695

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOOD, BRADLEY J

2600 9TH ST NORTH 2ND FLOOR  
SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

WOOD, BRADLEY J.

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

2639 Ninth Street North

City

St. Petersburg, FL

FL

Zip Code

33704

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, BRADLEY J	
STREET ADDRESS	2600 9TH ST N 2ND FLOOR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, BRIAN L	
STREET ADDRESS	2600 9TH ST N 2ND FLOOR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, BRADLEY J.	
STREET ADDRESS	2639 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, BRIAN L.	
STREET ADDRESS	2639 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
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:

BRADLEY J. WOOD, DIR.

4/25/00

(727) 895-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)