

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056833

1. Entity Name

MICRO DIRECT MARKETING, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90028 019 ***150.00

Principal Place of Business		Mailing Address	
ONE NORTH DALE MABRY HWY, SUITE 1070 TAMPA FL 33607		ONE NORTH DALE MABRY HWY, SUITE 1070 TAMPA FL 33609-2785	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3530967		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, JOSEPH D 201 N FRANKLIN ST, SUITE 2100 TAMPA FL 33602		Name: JAMES NELSON Street Address (P.O. Box Number is Not Acceptable): ONE NORTH DALE MABRY HWY SUITE 1070 City: TAMPA FL Zip Code: 33609	

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: JAMES NELSON r/p 1-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: VILLA, J MICHAEL STREET ADDRESS: ONE NORTH DALE MABRY HWY, SUITE 1070 CITY-ST-ZIP: TAMPA FL 33607	<input checked="" type="checkbox"/> Delete	TITLE: D/V NAME: JAMES NELSON STREET ADDRESS: ONE NORTH DALE MABRY HWY STE 1070 CITY-ST-ZIP: TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D/V NAME: ANNE NELSON STREET ADDRESS: ONE NORTH DALE MABRY HWY STE 1070 CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: P NAME: DIANE GHIGLIETTI STREET ADDRESS: ONE NORTH DALE MABRY HWY STE 1070 CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES NELSON DIRECTOR 1-12-00 813-874-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #