

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056833

1. Entity Name
MICRO DIRECT MARKETING, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90070 048 ***150.00

Principal Place of Business
ONE NORTH DALE MABRY HWY. SUITE 1070
TAMPA FL 33607

Mailing Address
ONE NORTH DALE MABRY HWY. SUITE 1070
TAMPA FL 33607

00032902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4517 GEORGE RD
Suite, Apt. #, etc.
SUITE 200
City & State
TAMPA FL
Zip
33634
Country
Hillsborough

3. Mailing Address
4517 GEORGE RD
Suite, Apt. #, etc.
SUITE 200
City & State
TAMPA FL
Zip
33634
Country
Hillsborough

4. FEI Number 59-3530967
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON, JAMES
1 NORTH DALE MABRY HWY
SUITE 1070
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4517 GEORGE RD.
SUITE 200
City TAMPA FL Zip Code 33634

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 4/4/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, JAMES		NAME	4517 GEORGE RD, SUITE 200	
STREET ADDRESS	ONE NORTH DALE MABRY HWY, SUITE 1070		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, ANNE		NAME	4517 GEORGE RD, SUITE 200	
STREET ADDRESS	ONE NORTH DALE MABRY HWY STE 1070		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHIGLIETTI, DIANE		NAME	4517 GEORGE RD, SUITE 200	
STREET ADDRESS	ONE NORTH DALE MABRY HWY STE 1070		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] 4/4/01 013-8746611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0043289

CR2E034 (10/00)