

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90039 042 \*\*\*150.00

**DOCUMENT # P98000060969**

1. Entity Name  
**DIRECT ACCESS DISTRIBUTORSHIP A, INC.**

Principal Place of Business

**4010 W. STATE ST.  
TAMPA FL 33609**

Mailing Address

**4010 W. STATE ST.  
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3528776**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**HOLCOMB, VICTOR W  
415 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606**

Name

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

**100 S. Tampa Ave  
Ste 200**

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

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, 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 ☐ Delete  
NAME **D KEVORKIAN, JAKE IV**  
STREET ADDRESS **2860 SCHERER DRIVE #650**  
CITY-ST-ZIP **ST. PETERSBURG FL 33764**

TITLE ☒ Change ☐ Addition  
NAME **KEYORKIAN, JAKE III**  
STREET ADDRESS **4010 W. State St.**  
CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ Delete  
NAME **D HARPER, WILLIAM H**  
STREET ADDRESS **2860 SCHERER DRIVE #650**  
CITY-ST-ZIP **ST. PETERSBURG FL 33764**

TITLE ☒ Change ☐ Addition  
NAME **4010 W. State St.**  
STREET ADDRESS **Tampa FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **W H Harper**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/2001**  
Date

**813-870-2904**  
Daytime Phone #

CR2E034 (10/00)