## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000061574

DIRECT MARKETING SYSTEMS OF DAYTONA, INC.

## **FILED** Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90091 027 \*\*\*150.00

Daytime Phone #

Principal Place of Business  241 BELLEVUE AVENUE DAYTONA BEACH FL 32114  2. Principal Place of Business  Suite, Apt. #, etc.		Mailing Address 2441 BELLEVUE AVENUE DAYTONA BEACH FL 32114		_	( <b>16</b> 11 <b>18</b> 1118 18	<b>ibi işlif Ba</b> isi <b>sa</b> tırı			_
		3. Mailing Address	<del></del>						<b></b>
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI	Number	59-3516821	<u> </u>		
Zip Country		Zip	Country	<b>5.</b> Ce	rtificate of S	tatus Desired		8.75 A	dditional
6. Name and	Address of Current Rec	sistered Agent		7. Nai	me and Ado	ress of New R		<u>-</u>	
LOGUIDICE, JOSEPH 2441 BELLEVUE AVE DAYTONA BEACH FI	NUE	·	Street Add	ress (P.O. Box	: Number is	Not Acceptable	9)	SAND DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition	
			City				FI	Zip Co	ode
8. The above named entity sub SIGNATURE Signature, typed or print 9. This corporation is eligible to Tax filling requirement and e	ed name of registered agent and to satisfy its Intangible	rile if applicable. (NOTE	registered office or re Registered Agent signature PEE IS \$150.00 Tee will be \$550	equired when reinst	tating)  10. Election	n Campaign Fin	DATE		
(See criteria on back)	OFFICERS AND DIF	Make Check Payab		f State		und Contribution			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DAYTONA BCH	AEL E E AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI	110107017	ANGEO TO OTT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DAYTONA BEA	C E AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
NAME LESTER, NAT ( STREET ADDRESS CITY-ST-ZIP DAYTONA BEA	O E AVENUE		NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
13. I hereby certify that the info indicated on this report or s of the corporation or the rechanged, or on an attachm  SIGNATURE:	upplemental report is trueliver or trustee empowerent with an address, with	e and accurate and that med to execute this report all other like empowered.	ny signature shall have as required by Chapte	e the same leg er 607, Florida	al effect as Statutes; ar	if made under d	path; that I are appears in	ń an office Block 11	er or director or Block 12 if