

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084053

Corporation Name

Principal Place of Business

ON TARGET DIRECT MAIL MARKETING, INC.

Mailing Address

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90022 047 ***150.00



34 W BAY STRE OSPREY FL 329		34 W BAY STREET OSPREY FL 32929				DO NOT WRIT	TE IN THIS S	SPACE_		
					7	3. Date Incorporated or Qualifed 09/29/1998				
2 Dringing Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
		26 2477 Stic	Know	Point	red.	65-0867980	Ó	1	Not Applicable	
21 2477 Stickney Point Re26 2477 Stickney Point Re26 Suite Apt. # etc.				1 OF A	-	<u> </u>		\$8.75	Additional	
Cuito, 7, pt. 17, cto.					[_:	5. Certificate of Status Desired			Required	
						C Florier Compaign Financing		\$5.0	0 May Be	
City & State City & State 23 Scrasota, Fl 28 Scrasota,			FI	FI		6. Election Campaign Financing Trust Fund Contribution		Adde	d to Fees	
Zip Country Zip 34231 [25] 229 34231 [30]				8. This corporation owes the current year Intangible Personal Property Tax.			×.			
	9. Name and Address of Current		10. Name and Address of New Registered Agent							
					81 Name					
GATES, CHAD L 1680 FRUITVILLE ROAD STE 102				82 Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34236			83	 						
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			84	City			FL	{ }	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent a	AND If an elimental (NOTE: Pe	gistered Ager	nt signature rec	anvirad who	o reinstatuo)	DATE			
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12.	D OFFICERS AND	□ DELETE	1.1 TITLE	<u> </u>	- 1-	Less Charles		☐ Chang		
	- -		1.2 NAME	{	Ado	The same of the same of the same	- R-1		[
NAME	JONES, MICHELLE		ľ		247	17 STICKNEY FULL	. ,—		Ì	
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CITY OT 710	· · · ·		6.4 CITY-S	7-2)P					,	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE REPUBLICATION OF SEGNING OFFICER ON DIRECTOR

941-921-838

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	"When Quality Counts"
	COMPLIMENTS OF PRINTING DIMENSIONS, INC.
	6054 CLARK CENTER AVENUE • SARASOTA, FLORIDA 34238
3/5/67	941/924-1351 • FAX 941/922/6703