

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90131 043 ***150.00

DOCUMENT # P98000084322

1. Entity Name

IMS DIRECT, INC.



Principal Place of Business

**360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

Mailing Address

**360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

2. Principal Place of Business

801 94th Ave. N.

3. Mailing Address

801 94th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number **59-3536680**

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARANDO, ANTHONY R

**360 CENTRAL AVENUE 801 94th Avenue North
ST. PETERSBURG FL 33701 St. Petersburg, FL 33702**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **MEEHAN, DAVID K**
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETE FL**

TITLE **D** ☐ Delete
NAME **HOWARD, DAVID M**
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **CFOS** ☐ Delete
NAME **MARANDO, ANTHONY R**
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☒ Change ☐ Addition
NAME
STREET ADDRESS **801 94th Avenue N.**
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **801 94th Avenue N.**
CITY-ST-ZIP **St. Petersburg, FL 33702**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Anthony R. Marando

727-803-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)