

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085834

1. Entity Name

DIRECT SOLUTIONS, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90054 023 \*\*\*150.00

Principal Place of Business 8750-11 GLADIOLUS DRIVE <del>SUITE 212</del> FORT MYERS FL 33908 US	Mailing Address 8750-11 GLADIOLUS DRIVE <del>SUITE 212</del> FORT MYERS FL 33908 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt., #, etc. <i>Suite 144</i>	Suite, Apt., #, etc. <i>Suite 144</i>
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0867920</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name <i>JOYCE D. ROGERS</i> Street Address (P.O. Box Number is Not Acceptable) <i>8750-11 Gladiolus Drive</i> <i>Suite 144</i> City <i>Fort Myers</i> <i>FL</i> Zip Code <i>33908</i>
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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 <i>Joyce D. Rogers</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>	<i>Joyce D. Rogers, Pres.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>4-17-00</i> <small>DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROGERS, JOYCE D 8750-11 GLADIOLUS DRIVE FORT MYERS FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Joyce D. Rogers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>4/17/00</i>	Daytime Phone # <i>(941) 454-7692</i>
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CR2E034 (9/99)