

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

0515541

**DOCUMENT # P98000104238**

04-23-2001 90007 002 \*\*\*158.75

1. Entity Name  
**DIRECT MARKETING CONSULTING, INC.**

Principal Place of Business 5114 ENGLEWOOD LANE ZEPHYRHILLS FL 33541 US	Mailing Address 5114 ENGLEWOOD LANE ZEPHYRHILLS FL 33541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5132 Epping Lane Suite, Apt. #, etc.	3. Mailing Address 5132 Epping Lane Suite, Apt. #, etc.
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City & State Zephyrhills FL	City & State Zephyrhills, FL	4. FEI Number 59-3552051	Applied For Not Applicable
Zip 33541	Country US	Zip 33541	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DORR, CLIFFORD W JR. 5114 ENGLEWOOD LANE ZEPHYRHILLS FL 33541	7. Name and Address of New Registered Agent Name <del>DORR, CLIFFORD W JR.</del> Street Address (P.O. Box Number is Not Acceptable) 5132 EPPING LANE City Zephyrhills FL Zip Code 33541
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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 Clifford W. Dorr Jr. CLIFFORD W. DORR JR. PRESIDENT 4/16/01  
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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 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	D DORR, CLIFFORD W JR. 36715 TARA AVE. ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORR, CLIFFORD W JR. 5132 EPPING LANE ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORR, SALLY A 36715 TARA AVE. ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORR, SALLY A. 5132 EPPING LANE ZEPHYRHILLS, FL 33541 <input checked="" 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
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

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: Clifford W. Dorr Jr. CLIFFORD W. DORR JR. PRESIDENT 4/16/01 813-715-6447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)