

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90050 038 ***150.00

NA27800 AV

DOCUMENT # P99000003851

1. Entity Name

CARTER DIRECT MARKETING, INC.

Principal Place of Business

**5470 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33634**

Mailing Address

**5470 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33634**

2. Principal Place of Business

8375 GUNN HWY
Suite, Apt. #, etc.

3. Mailing Address

8375 GUNN HWY
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33626

Country

US

Zip

33626

Country

US

4. FEI Number

59-3557780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, STEVEN W
2240 BELLEAIR ROAD
SUITE 100
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **Mark L. Ornstein**

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

2 South Orange Avenue, 5th Floor

City **Orlando**

FL

32801

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

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.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARTER, BRIAN**
STREET ADDRESS **5470 JET PORT INDUSTRIAL BLVD.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CARTER, BRIAN**
STREET ADDRESS **8375 GUNN HWY**
CITY-ST-ZIP **TAMPA FL 33626**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 813-249-2708

CR2E034 (9/01)