

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010916

1. Entity Name

EDIRECTSHOP.COM, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90050 011 \*\*\*150.00

Principal Place of Business

3000 HERON PL.  
CLEARWATER FL 33762

Mailing Address

2636 HERON LANE N  
CLEARWATER FL 33762

2. Principal Place of Business

2636 HERON LN N

3. Mailing Address

SRMB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER

Zip

33762

Country

Pinellas

Zip

33762

Country

USA

4. FEI Number

59-3564672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOPLIN, PHILIP  
3000 HERON PL.  
CLEARWATER FL 33762

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.

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KAPLIN, PHILIP S	
STREET ADDRESS	2636 HERON LANE N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPLIN, PHILIP S	
STREET ADDRESS	2636 HERON LN N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: PHILIP S. KOPLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

787 572 0012

CR2E034 (10/00)