

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013766

1. Entity Name

DIRECT WHOLESALE ACCESS CORP.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90111 012 \*\*\*150.00

Principal Place of Business

Mailing Address

8421 BAYMEADOWS WAY  
JACKSONVILLE FL 32256

8421 BAYMEADOWS WAY  
JACKSONVILLE FL 32256-1218

2. Principal Place of Business

5860 US 1 NORTH

3. Mailing Address

5860 US 1 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE

City & State

ST AUGUSTINE

4. FEI Number

59-3585790

Applied For

Not Applicable

Zip

32095

Country

ST JOHNS

Zip

32095

Country

ST JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, STEPHEN G  
8421 BAYMEADOWS WAY  
JACKSONVILLE FL 32256

Name

KEVIN W. DORNAN, ESQ.

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

5860 US 1 NORTH

City

ST AUGUSTINE

FL

Zip Code

32095

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

*Kevin W. Dornan* (KEVIN W. DORNAN) X 4/19/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, STEPHEN G	
STREET ADDRESS	8421 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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		

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5860 US 1 NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN D. WOODSIDE	
STREET ADDRESS	5860 US 1 NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN W. DORNAN	
STREET ADDRESS	5860 US 1 NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
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:

*Stephen King* (STEPHEN KING)  
DIRECTOR

X 4/19/00

(904) 824-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)