

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013766

1. Entity Name
DIRECT WHOLESALE ACCESS CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90074 025 ***150.00

Principal Place of Business

**5860 US 1 NORTH
SAINT AUGUSTINE FL 32095**

Mailing Address

**5860 US 1 NORTH
SAINT AUGUSTINE FL 32095**

2. Principal Place of Business

PO Box 56635

Suite, Apt. #, etc.

3. Mailing Address

PO Box 56635

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3585790

Applied For

Not Applicable

Zip

Country

32241-6635

DUVAL

Zip

Country

32241-6635

DUVAL

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

**DORNAN, KEVIN W ESQ
5860 US 1 NORTH
SAINT AUGUSTINE FL 32095**

Name

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

700 BOARDWALK DR.

City

PONTE VEDRA

FL

Zip Code

32082

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

3/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **KING, STEPHEN G**
STREET ADDRESS **5860 US 1 NORTH**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☒ Change ☐ Addition
NAME **PO Box 56635**
STREET ADDRESS **JACKSONVILLE, FL 32241**

TITLE **DT** ☐ Delete
NAME **WOODSIDE, JONATHAN D**
STREET ADDRESS **5860 US 1 NORTH**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☒ Change ☐ Addition
NAME **PO Box 56635**
STREET ADDRESS **JACKSONVILLE, FL 32241**

TITLE **DS** ☐ Delete
NAME **DORNAN, KEVIN W**
STREET ADDRESS **5860 SU 1 NORTH**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☒ Change ☐ Addition
NAME **PO Box 56635**
STREET ADDRESS **JACKSONVILLE, FL 32241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

Kevin W. Dornan

KEVIN W. DORNAN, DIRECTOR 3/15/01 904/280-3826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)