

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030571

1. Entity Name

DOT-COM DIRECT, INC.

Principal Place of Business

1035 S SERMORAN BLVD STE 1012
WINTER PARK FL 32792

Mailing Address

10151 UNIVERSITY BLVD.
PMB 202
ORLANDO FL 32817

2. Principal Place of Business

33 E Robinson St
Suite, Apt. #, etc.
Suite 250

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

Country

Zip

Country

32801

Country

Orange

6. Name and Address of Current Registered Agent

DAMBRO, MICHAEL

10151 UNIVERSITY BLVD STE 202
WINTER PARK FL 32792

4. FEI Number

59-3567061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

3057 New Bern Cove

City

Oviedo

FL

Zip Code

32765

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

Michael Dambro Michael Dambro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

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	PST	<input type="checkbox"/> Delete
NAME	DAMBRO, MICHAEL	
STREET ADDRESS	3057 NEW BERN COVE	
CITY-ST-ZIP	OVIDO FL 32765	
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		<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		
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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:

Michael Dambro Michael Dambro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

407-246-0021

Daytime Phone #

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

05-03-2001 90029 001 ***150.00

C0050451



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)