

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90374 022 \*\*\*150.00

DOCUMENT # **P99000030571**

1. Entity Name

**Dot-Com Direct, Inc.**

**DO NOT WRITE IN THIS SPACE**

**970479**

2. Principal Place of Business

**3057 New Bern Cove**

3. Mailing Address

**3057 New Bern Cove**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Oviedo FL**

City & State

**Oviedo FL**

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

**USA**

4. FEI Number

**59-3567061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Michael Dambro**

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

**3057 New Bern Cove**

City

**Oviedo**

**FL**

Zip Code

**32765**

**DO NOT WRITE  
IN THIS SPACE**

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 **M. Dambro** **Michael Dambro**

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

(NOTE: Registered Agent signature required when reinstating)

**6-28-02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Michael Dambro	3057 New Bern Cove	Oviedo FL 32765
Secretary	Michael Dambro	3057 New Bern Cove	Oviedo FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-28-02 407-359-1476**

Date

Daytime Phone #

CR2E034B (12/01)



Michael Dambo, President  
Dot-Com DIRECT, Inc  
3057 New Bern Cove  
Oviedo, Florida 32765  
Fed ID#59-3567061

Enclosed with this letter is my UBR and a check for \$150. I was told by phone that since I did not receive the original form and had to request one be sent to me, that I could pay the standard fee without penalty.

Please contact me at the above address if there are any questions or I can usually be reached by phone at 407-252-6969.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Dambo". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael Dambo, President  
Dot-Com DIRECT, Inc.

Attachment

970479

#99000030571