

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91355 005 \*\*\*150.00

**DOCUMENT # P99000068208**

1. Entity Name

**DIRECT TO CATALOGS, INC.**

Principal Place of Business

**5070 PINELAKE RD.  
 WESLEY CHAPEL FL 33543**

Mailing Address

**5070 PINELAKE RD.  
 WESLEY CHAPEL FL 33543**

2. Principal Place of Business

**29 Garden Bay Crt**  
 Suite, Apt. #, etc.

3. Mailing Address

**101 N. Main St**  
 Suite, Apt. #, etc.

City & State

**Destin FL 32550**

City & State

**Boonsboro MD**

Zip

Country

Zip

Country

**21713**

**USA**

4. FEI Number

**06-1359284**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUNDERS, H. JAMES  
 5070 PINELAKE RD.  
 WESLEY CHAPEL FL 33543**

7. Name and Address of New Registered Agent

Name **H. James Saunders**

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

**29 Garden Bay Crt**

City **Destin, FL 32550**

**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 **H. James Saunders**

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

**H. James Saunders**

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**

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 **S** ☐ Delete  
 NAME **SAUNDERS, H. JAMES**  
 STREET ADDRESS **5070 PINELAKE RD.**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **PT** ☐ Delete  
 NAME **SAUNDERS, ELLEN S**  
 STREET ADDRESS **5070 PINELAKE RD**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Saunders, H. James**  
 STREET ADDRESS **29 Garden Bay Court**  
 CITY-ST-ZIP **Destin, FL 32550**

TITLE ☒ Change ☐ Addition  
 NAME **Saunders, Ellen S.**  
 STREET ADDRESS **29 Garden Bay Court**  
 CITY-ST-ZIP **Destin, FL 32550**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **H. James Saunders**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**301-432-7227**

Daytime Phone #

CR2E034 (10/00)