

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90452 008 ***150.00

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1. Entity Name
DIRECT TO CATALOGS, INC.



Principal Place of Business
29 GARDEN BAY COURT
DESTIN FL 32550

Mailing Address
~~104 W MAIN ST~~
~~BOONSBORO MD 21713~~



2. Principal Place of Business

3. Mailing Address

29 Garden Bay Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

4. FEI Number 06-1359284

Applied For
Not Applicable

Zip

Country

32550

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, H. JAMES
29 GARDEN BAY COURT
DESTIN FL 32550

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME SAUNDERS, H. JAMES
STREET ADDRESS 29 GARDEN BAY COURT
CITY-ST-ZIP DESTIN FL 32550 ☐ Delete

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

TITLE PT
NAME SAUNDERS, ELLEN S
STREET ADDRESS 29 GARDEN BAY COURT
CITY-ST-ZIP DESTIN FL 32550 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. James Saunders 3/10/03

Date

Daytime Phone #

850-269-3871

CR2E034 (10/02)