

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000094435

1. Entity Name

AMERICAN FULFILLMENT AND DIRECT MAIL, INC

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-12-2000 90028 016 ***150.00

Principal Place of Business

8305 GARDEN ROAD
WEST PALM BEACH FL 33404

Mailing Address

8305 GARDEN ROAD
WEST PALM BEACH FL 33404-1739

2. Principal Place of Business

3520 INVESTMENT LANE
Suite, Apt. #, etc.
#1

3. Mailing Address

3520 INVESTMENT LANE
Suite, Apt. #, etc.
#1



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

Zip

33404

Country

PB

City & State

WEST PALM BEACH

Zip

33404

Country

PB

4. FEI Number

65-0976268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLANUCCI, KATHLEEN
7109 S.E. WALDEN POND COURT
STUART FL 34997

7. Name and Address of New Registered Agent

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.

SIGNATURE

Kathleen Villanucci

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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: PRESIDENT
NAME: KATHLEEN VILLANUCCI
STREET ADDRESS: 7109 S.E. WALDEN POND CT.
CITY-ST-ZIP: STUART, FL 34997

☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

561-848-1660

Daytime Phone #