

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 020 ***150.00

DOCUMENT # S90494

1. Entity Name

MARKETING DIRECTORY SERVICES, INC.

Principal Place of Business

Mailing Address

**1244 ALT. 19 NORTH
 TARPON SPRINGS FL 34689
 US**

**1244 ALT 19 N
 TARPON SPRGS FL 34689-6901
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3096010**

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ANDRICH, EDWARD E
 13115 BEACON CT
 HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name **ANDRICH, EDWARD E.**

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

14108 AGUA CLARA DR.

City **HUDSON**

FL

Zip Code **34667**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LOIS	
STREET ADDRESS	308 HAMMOCK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDRICH, EDWARD E	
STREET ADDRESS	13115 BEACON CT	
CITY-ST-ZIP	HUDSON FL 34667	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LOIS	
STREET ADDRESS	5430 DAHGBREN DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	CHAIRMAN + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRICH, EDWARD E.	
STREET ADDRESS	14108 AGUA CLARA DR.	
CITY-ST-ZIP	HUDSON, FL 34667	
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		
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		

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:

EDWARD E. ANDRICH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 6, 2000 (727) 942-9958

CR2E034 (9/99)