

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90576 038 \*\*\*150.00

**DOCUMENT # L73200**

1. Entity Name  
**MILITARY DIRECT MARKETING INC.**

Principal Place of Business  
~~11410 NORTH KENDALL DRIVE~~  
~~MIAMI FL 33176~~

Mailing Address  
1 BUSHWICK ROAD  
POUGHKEEPSIE NY 12603-3800  
US

2. Principal Place of Business  
**6240 South West 145th St**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

4. FEI Number **65-0220038**

Applied For  
Not Applicable

Zip  
**33158**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BRADBURY, DOUGLAS**  
**14410 NORTH KENDALL DRIVE**  
~~**MIAMI FL 33176**~~

**6240 South West**  
**145th St**  
**Miami, FL 33158**

Name

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

**6240 South West 145th St**

City

**Miami**

**FL**

Zip Code

**33158**

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 **X DOUGLAS BRADBURY**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/1/01**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P BRADBURY, JOHN** ☐ Delete  
STREET ADDRESS **1 BUSHWICK RD.**  
CITY-ST-ZIP **POUGHKEEPSIE NY**

TITLE  
NAME **P Bradbury, John** ☒ Change ☐ Addition  
STREET ADDRESS **1 Bushwick Rd.**  
CITY-ST-ZIP **Poughkeepsie, NY 12603**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/01** **(845)**  
**454-7900**

CR2E034 (10/00)