

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90044 006 \*\*\*150.00

DOCUMENT # P01000050952

1. Entity Name  
PROMOLONT INTERNATIONAL, INC.



Principal Place of Business  
1761 W HILLSBORO BLVD STE 104  
DEERFIELD BEACH FL 33442

Mailing Address  
1761 W HILLSBORO BLVD STE 104  
DEERFIELD BEACH FL 33442



2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1104241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARY M MILLS PA  
1761 W HILLSBORO BLVD STE 104  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name John Stawicki

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

2783 NE 5TH STREET

City POMPANO BEACH FL

Zip Code 33062

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

(NOTE: Registered Agent signature required when reinstating)

07/12/03

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 DPVP  
NAME STAWICKI, JOHN  
STREET ADDRESS 1761 W HILLSBORO BLVD STE 104  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Delete

TITLE RA.  
NAME JOHN STAWICKI  
STREET ADDRESS 2783 NE 5TH ST.  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/03

Date

954782 9895

Daytime Phone #

CR2E034 (4/03)

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