FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am DOCUMENT # 179503 Secretary of State 1. Entity Name COMMUNITY PROMOTIONS INC 02-15-2001 90095 046 ***150.00 Principal Place of Business Mailing Address 126 E.ORANGE AVE. 126 E.ORANGE AVE. P.O. BOX 2475 P.O. BOX 2475 DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6151098 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRABAL, GEORGE Street Address (P.O. Box Number is Not Acceptable) 126 E. ORANGE AVE DAYTONA BCH FL 32115 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 (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001, Fee will be \$550.00 -Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. īī. ☐ Addition Delete TITLE ☐ Change TITLE WEBBER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 300 FENTRESS BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 ☐ Change □ Addition ☐ Delete TITLE TITLE SUSSMAN, HERBERT NAME NAME STREET ADDRESS STREET ADDRESS 221 SEABREEZE BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 TITLE Delete ☐ Change ☐ Addition MIRABAL, GEORGE NAME NAME 126 E. ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAYTONA BCH, FL 00000 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Change ☐ Delete ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.