

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90007 013 \*\*\*150.00

**DOCUMENT # 464295**

1. Entity Name

**BUSINESS PROMOTIONS, INC.**

Principal Place of Business

325 S ORLANDO AVE  
 WINTER PARK FL 32789

Mailing Address

325 S ORLANDO AVE  
 WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2069702**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINARTAS, JOSEPH V**  
**325 S ORLANDO AVE**  
**WINTER PARK FL**

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

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, 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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ZUKAUSKAS, ANGELA V</b>	
STREET ADDRESS	<b>325 S. ORLANDO AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LINARTAS, JOSEPH V.</b>	
STREET ADDRESS	<b>1310 FAIRVIEW AVE.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LINARTAS, PAUL-J.</b>	
STREET ADDRESS	<b>349 GROVE AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINARTAS JOSEPH V</b>	
STREET ADDRESS	<b>1310 FAIRVIEW AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINARTAS JOSEPH J</b>	
STREET ADDRESS	<b>325 S. ORLANDO AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL</b>	
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:

*Joseph V. Linartas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Daytime Phone #

CR2E034 (10/00)



Attachment  
A0073715

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2001

BUSINESS PROMOTIONS, INC.  
325 S ORLANDO AVE  
WINTER PARK, FL 32789

Subject: BUSINESS PROMOTIONS, INC.

Reference Number: 464295

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rr  
ANNUAL REPORTS SECTION