

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90037 017 ***158.75

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DOCUMENT # **849480**

1. Entity Name
HIT PROMOTIONAL PRODUCTS, INC.

Principal Place of Business 7150 BRYAN DAIRY RD LARGO FL 34647 US	Mailing Address 80 RED SCHOOLHOUSE RD. SUITE 105 CHESTNUT RIDGE NY 10977-7052 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7150 Bryan Dairy Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10200 Suite, Apt. #, etc.
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City & State Largo, FL	City & State St. Petersburg, FL	4. FEI Number 59-2095421	Applied For <input type="checkbox"/> Not Applicable
Zip 33777	Country Pinellas	Zip 33733	Country Pinellas

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

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
Fowler White Boggs Banker P.A.
 Street Address (P.O. Box Number is Not Acceptable)
Attention: Mr. David Doney
501 East Kennedy Blvd., Suite 1700
 City
Tampa FL Zip Code
33602

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.
Fowler White Boggs Banker P.A.

SIGNATURE By: *David M. Doney* **4/3/02**
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD SCHMIDT, ARTHUR W III 7150 BRYAN DAIRY RD LARGO, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, ROBERT F 7220 WEST WILSON AVE HARWOOD HTS IL 60656 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TITTLE, DAVID E 80 RED SCHOOLHOUSE RD CHESTNUT RIDGE NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP BECKER, PAUL L 80 RED SCHOOLHOUSE RD CHESTNUT RIDGE NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOA MEADOWS, GARY 7150 BRYAN DAIRY RD CHESTNUT RIDGE NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEADOWS, GARY 7150 BRYAN DAIRY RD CHESTNUT RIDGE NY <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Schmidt, Arthur W, IV 7150 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOST Meadows, Gary 7150 Bryan Dairy Road Largo, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Schmidt, Elizabeth 7150 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 information.

SIGNATURE: *Gary D. Meadows* **Gary D. Meadows, CFO, 3/27/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
727-541-5561

CR2E034 (9/01)