

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90012 045 ***158.75

DOCUMENT # J05849

1. Entity Name
ABC PROMOTIONS UNLIMITED, INC.

Principal Place of Business

1495 ARABIAN DR.
LOXAHATCHEE FL 33470

Mailing Address

1495 ARABIAN DR.
LOXAHATCHEE FL 33470

2. Principal Place of Business

958 South Military Trail

Suite, Apt. #, etc.

PMB 94

3. Mailing Address

958 South Military Trail

Suite, Apt. #, etc.

PMB 94

City & State
West Palm Bch, FL 33415

City & State
West Palm Bch, Florida

4. FEI Number

59-2657626

Applied For

Not Applicable

Zip
33415

Country
USA

Zip
33415

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RORABECK, MARK E.
1495 ARABIAN DR.
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

Rorabeck, Mark E

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

958 South Military Trail

PMB 94

City
West Palm Beach

FL

Zip Code
33415

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

Mark E. Rorabeck

Mark E. Rorabeck, President

1/23/02

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	PDS	<input type="checkbox"/> Delete
NAME	RORABECK, MARK E.	
STREET ADDRESS	1495 ARABIAN DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rorabeck, Mark E.	
STREET ADDRESS	958 S. Military Trail, PMB 94	
CITY-ST-ZIP	West Palm Bch, FL 33415	
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		
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:

Mark E. Rorabeck
Mark E. Rorabeck, Pres.

1/23/02

561-793-8773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)