

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90073 034 ***150.00

DOCUMENT # J37101

1. Entity Name
 Provident Advertising & Marketing, Inc.

Principal Place of Business **Mailing Address**
 1700 McMullen Booth Road, Suite B5 Same
 Clearwater, FL 33759

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

Kiefer, Neil G.
 2471 McMullen Booth Road
 Clearwater, FL 34619

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	P. J. Driscoll	<input type="checkbox"/> Delete
NAME	Driscoll, Edward C.	
STREET ADDRESS	1700 McMullen Booth Road, Suite B5	
CITY-ST-ZIP	Clearwater, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bailey, Ellen	
STREET ADDRESS	1700 McMullen Booth Road, Suite Bt	
CITY-ST-ZIP	Clearwater, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Howie, Brenton	
STREET ADDRESS	1700 McMullen Booth Road, Suite B5	
CITY-ST-ZIP	Clearwater, FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	Passwaters, Robert	
STREET ADDRESS	1700 McMullen Booth Road, Suite B5	
CITY-ST-ZIP	Clearwater, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	Williams, Denise	
STREET ADDRESS	1700 McMullen Booth Road, Suite B5	
CITY-ST-ZIP	Clearwater, FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	Wilson F. Williams	
STREET ADDRESS	1700 McMullen Booth Road Suite B5	
CITY-ST-ZIP	Clearwater, FL	

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		<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: *Wilson F. Williams* **WILSON F. WILLIAMS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 **727-726-5677**
 Date Daytime Phone #

CR2E034 (1/1/00)