

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023407 AF

DOCUMENT # L00000003932

1. Entity Name  
IMPRINT PROMOTIONS, LLC

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1700 W. NEW HAVEN AVENUE  
MELBOURNE FL 32904

Mailing Address  
P.O. BOX 452261  
KISSIMMEE FL 34745

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

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAKEFIELD, S. CRAIG ESQ  
WAKEFIELD & ASSOCIATES, P.A.  
1400 WEST OAK STREET, SUITE A  
KISSIMMEE FL 34741

Name Peter de la Garza  
Street Address (P.O. Box Number is Not Acceptable) 2699 Kendall Ave.  
Kissimmee, FL 34745  
City FL Zip Code 34744

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] (President) Peter de la Garza 6-19-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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-08/03/01--01011--024  
\*\*\*\*\*50:00 \*\*\*\*\*50:00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER DELAGARZA, PETER ☐ Delete  
NAME  
STREET ADDRESS 2699 KENDALL AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE Peter de la Garza ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2699 Kendall Ave.  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 5/3/01 Daytime Phone #

CR2E083 (11/00)