

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009115

1. Entity Name
PROMOSCENTS OF FLORIDA, L.C.

Principal Place of Business
27725 OLD 41 RD. SUITE 203
BONITA SPRINGS FL 34135

Mailing Address
27725 OLD 41 RD. SUITE 203
BONITA SPRINGS FL 34135

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

59-3665123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAHNER, PETER
% IMPEX INTERNATIONAL CORPORATION
27725 OLD 41 RD. SUITE 203
BONITA SPRINGS FL 34135

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IMPEX INTERNATIONAL CORPORATION
27725 OLD 41 RD., SUITE 203
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004133613-9
-05/03/01--01064--030
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter Zahner 4/20/01 (941) 495-8500

FILED
01 APR 23 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)