

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0018309

DOCUMENT # L01000020320

1. Entity Name

NRG PROMOTIONS, LLC

04-10-2002 90016 012 *****55.00

Principal Place of Business

**3642 W CYPRESS
TAMPA FL 33607**

Mailing Address

**3642 W CYPRESS
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

908 Eunice St.

908 Eunice St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa Florida

Tampa Florida

Zip
33602

Country
USA

Zip
33602

Country
USA

4. FEI Number

65-1155172

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

**GEHMAN, NATHAN R
604 LITHIA PINECREST RD
BRANDON FL 33511**

Name
Arron Dean Plumb

Street Address (P.O. Box Number is Not Acceptable)
1734 Shore Acres Blvd N.E.

City
St. Petersburg

FL

Zip Code
33703

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

Nathan R Gehman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

13 Mar 02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEHMAN, NATHAN R 604 LITHIA PINECREST RD BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUMB, ARRON 1734 SHORE ACRE BLVD NE ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Arron Dean Plumb

3/13/02

813-226-3991

CR2E083 (9/01)