

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90061 048 \*\*\*150.00

DOCUMENT # P00000010354

1. Entity Name

H.M.S. PROMOTIONS, INC.

Principal Place of Business

Mailing Address

1322 BREAKERS WEST BLVD.  
 W PALM BEACH FL 33411

1322 BREAKERS WEST BLVD.  
 W PALM BEACH FL 33411

00099103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1046846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALT, DONALD  
 1322 BREAKERS WEST BLVD.  
 W PALM BEACH FL 33411

Name

DOWNA SALT

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

SAME

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD  
 NAME: SALT, HERB  
 STREET ADDRESS: 1322 BREAKERS WEST BLVD.  
 CITY-ST-ZIP: W PALM BEACH FL 33411

TITLE: D  
 NAME: SALT, HERB  
 STREET ADDRESS: 1322 BREAKERS WEST BLVD.  
 CITY-ST-ZIP: W PALM BEACH, FL 33411

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: PSTD  
 NAME: SALT, MARION  
 STREET ADDRESS: 1322 BREAKERS WEST BLVD  
 CITY-ST-ZIP: W PALM BEACH, FL 33411

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* 4/12/2001