

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000038629**1. Entity Name  
AMERICAN MARKETING & PROMOTIONS, INC.

## Principal Place of Business

1721 MISSOURI AVE.

SANFORD  
32771

FL

## Mailing Address

1721 MISSOURI AVE.

SANFORD  
32771

FL

2. Principal Place of Business  
112 ESSEX AVE.3. Mailing Address  
PO BOX 470762Suite, Apt. #, etc.  
#17C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ALTAMONTE SPRINGS

FL

City & State  
LAKE MONROE

FL

4. FEI Number  
**59-3642406**

Applied For

Not Applicable

Zip  
32701

Country

Zip  
32747

Country

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

## 6. Name and Address of Current Registered Agent

LIEBELT DANIEL D  
1721 MISSOURI AVE.SANFORD  
32771

FL

## 7. Name and Address of New Registered Agent

Name

LETZLER DANIEL H

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

#17C

City  
ALTAMONTE SPRINGS

FL

Zip Code  
32701

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 **DANIEL H LETZLER****09/05/2001**

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 D ☐ Delete  
NAME LETZLER DANIEL  
STREET ADDRESS 1721 MISSOURI AVE.  
CITY-ST-ZIP SANFORD FL 32771TITLE D ☒ Delete  
NAME LIEBELT DANIEL D  
STREET ADDRESS 1721 MISSOURI AVE.  
CITY-ST-ZIP SANFORD FL 32771TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME LETZLER DANIEL H  
STREET ADDRESS 112 ESSEX AVE. APT. 17C  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Daniel H Letzler**

d

09/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)