

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO0000072321**

1. Entity Name  
**CORPORATE APPAREL & PROMOTIONS, INC**

Principal Place of Business  
**5723 KINGSGATE DR.  
ORLANDO, FL 32339**

Mailing Address  
**3936 S. SEMORAN BLVD.  
SUITE #208  
ORLANDO, FL, 32822**

2. Principal Place of Business  
**555 S. NORTHLAKE BLVD**

3. Mailing Address  
**555 S. NORTHLAKE BLVD.**

Suite, Apt. #, etc.  
**APT. 17**

Suite, Apt. #, etc.  
**APT. 17**

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**32701**

Country  
**U.S.A.**

Zip  
**32701**

Country  
**U.S.A.**

6. Name and Address of Current Registered Agent

**JOSEPH BARTHELEMY**  
**5723 KINGSGATE DR.**  
**ORLANDO, FL 32339**

4. FEI Number  
**59-3664133**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**VALERIE CHILDS**

Street Address (P.O. Box Number is Not Acceptable)  
**555 S. NORTHLAKE BLVD. #17**

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 **Valerie L. Childs** **8/30/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MELISSA BELMONT</b>	
STREET ADDRESS <b>5723 KINGSGATE DR.</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32339</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>OFFICER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VALERIE CHILDS</b>	
STREET ADDRESS <b>555 S NORTHLAKE BLVD #17</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: **Valerie L Childs PH/D/s** **8/30/01** **(407) 830-6822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1062

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09-06-2001 90265 036 \*\*\*150.00  
01 OCT -8 AM 8:36

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)

2-  
Attachment  
ID# P000006723B1  
B0064045  
**CORPORATE APPAREL & PROMOTIONS, INC**

**555 S. Northlake Blvd.  
Suite 17  
Altamonte Springs, FL, 32701  
Phone (407) 830-6822  
Fax (407) 830-6822**

August 29, 2001  
8:03 AM

To Whom it may concern,

I was recently out of town on a medical emergency with two family members. I had been gone for quite a few months. As a result, I only learned of this report at the end of August. I had never received the mail informing me of this form. I was told to send a letter explaining why we had not filed as of yet and to send the \$150.00 fee. Thank you for your consideration. If at all possible, please direct any further correspondence to our new address as stated above.

Sincerely,

Signature

*Valerie Childs*

— Please Do Not Remove —