

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076853

1. Entity Name.

MONARCH PROMOTIONAL PRODUCTS & SPORTSWEAR, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90018 019 ***150.00

Principal Place of Business

21 OLD KINGS RD. N. B-206, A-7
PALM COAST FL 32137

Mailing Address

21 OLD KINGS RD. N. B-206, A-7
PALM COAST FL 32137

moved 2/26/01

2. Principal Place of Business

25 old Kings Rd N - STE 4-A

Suite, Apt. #, etc.

STE - 4A

3. Mailing Address

← Same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Coast FLA

City & State

4. FEI Number

59-3662035

Applied For

Not Applicable

Zip

32137

Country

Flagler

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

PETERS, CAROL LYNN
421 PALM DR
FLAGLER BEACH FL 32136

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

Carol L Peters

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/01

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 PD
NAME PETERS, CAROL LYNN
STREET ADDRESS 21 OLD KINGS RD, N. B-206, A-7
CITY-ST-ZIP PALM COAST FL 32137

☐ Delete

TITLE VSTD
NAME PETERS, ALAN WAYNE
STREET ADDRESS 21 OLD KINGS RD, N. B-206, A-7
CITY-ST-ZIP PALM COAST FL 32137

☐ Delete

TITLE
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STREET ADDRESS
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NAME

STREET ADDRESS

CITY-ST-ZIP

25 old Kings Rd N STE 4A

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

25 old Kings Rd N STE 4A

☒ Change ☐ Addition

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

Carol L Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

386-447-8767

Daytime Phone #

CR2E034 (10/00)