

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90182 022 ***550.00

DOCUMENT # P01000011026

1. Entity Name
HITMAN PROMOTIONS, INC.

Principal Place of Business

60 BAHIA TRACE COURSE
OCALA FL 34472

Mailing Address

60 BAHIA TRACE COURSE
OCALA FL 34472

2. Principal Place of Business

821 NE 36 TERR

Suite, Apt. #, etc.

SUITE 2

City & State

OCALA FL

Zip
34470

Country

USA

3. Mailing Address

821 NE 36 TERR

Suite, Apt. #, etc.

SUITE 2

City & State

OCALA FL

Zip
34470

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3702749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, J: CHRISTOPHER
60 BAHIA TRACE COURSE
OCALA FL 34472

7. Name and Address of New Registered Agent

Name **HICKMAN J CHRISTOPHER**

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

821 NE 36 TERR

SUITE 2

City

OCALA

FL

Zip Code

34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **HICKMAN, J. CHRISTOPHER**
STREET ADDRESS **60 BAHIA TRACE COURSE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E034 (4/02)

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

JAMES CHRISTOPHER HICKMAN

8-22-02

Date

Daytime Phone #

352-694-2073