

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-24-2002 91386 006 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 14 AM 10:12

DOCUMENT # P01000015349 ✓
1. Entity Name
PROMOSCENTS OF AMERICA, INC

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business <u>615 Cape Coral Pkwy</u> | | 3. Mailing Address <u>P.O. Box 101071</u> | |
| Suite, Apt. #, etc. <u>#300</u> | | Suite, Apt. #, etc. | |
| City & State <u>CAPE CORAL</u> | | City & State <u>CAPE CORAL, FL</u> | |
| Zip <u>33914</u> | Country <u>LEE</u> | Zip <u>33910</u> | Country <u>LEE</u> |

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number <u>65-1086549</u> | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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IN THIS SPACE**

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|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name <u>LAWRENCE LECLAIRE</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>615 CAPE CORAL PKWY</u> | |
| <u>#300</u> | |
| City <u>CAPE CORAL</u> | FL Zip Code <u>33914</u> |

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 Lawrence LeClaire 4/30/2002
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing statement.) DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP | <u>PRESIDENT</u> <u>LAWRENCE LECLAIRE</u> <u>615 CAPE CORAL PKWY #300</u> <u>CAPE CORAL, FL 33914</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Self</u> <u>6/14</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence LeClaire 3/30/2002 941 822 7071
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)