

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90418 017 \*\*\*150.00

**DOCUMENT # P01000098996**  
 1. Entity Name  
**PREMIUMS PLUS PROMOTIONS INC.**

Principal Place of Business      Mailing Address  
**2275 KENT DRIVE**      **2275 KENT DRIVE**  
**LARGO FL 33774**      **LARGO FL 33774**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*3600 Oak Manor Ln.*      *3600 Oak Manor Ln.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*49*      *49*

City & State      City & State  
*Largo FL*      *Largo FL*

Zip      Country      Zip      Country  
*33774*      *Pinellas*      *33774*      *Pinellas*

4. FEI Number      Applied For  
*59-3752089*      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMELTZ, EDWARD**  
**2275 KENT DRIVE**  
**LARGO FL 33774**

7. Name and Address of New Registered Agent  
 Name      *Edward Smeltz*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3600 Oak Manor Ln.*  
*Suite 49*  
 City      *Largo*      FL      Zip Code      *33774*

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      *Edward Smeltz*      DATE      *May 9-02*  
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, 2002 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 NAME     | <b>D SMELTZ, EDWARD</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>2275 KENT DRIVE</b>  |                                 |
| CITY-ST-ZIP    | <b>LARGO FL 33774</b>   |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:      *Edward Smeltz*      Date      Daytime Phone #

CR2E034 (9/01)