

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

APPROVED
AND
FILED

DOCUMENT # P01000100515

1. Entity Name

CENTRAL FLORIDA BUSINESS PROMOTIONS, INC.

02 SEP 26 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008165399--1
-10/03/02--01001--019
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6118 Masters Boulevard

Suite, Apt. #, etc.

3. Mailing Address

6118 Masters Boulevard

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3749546

Applied For

Not Applicable

Zip

Country

32819

Zip

Country

32819

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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.

SPIEGEL & UTRERA, P.A.

SIGNATURE

**By: [Signature]
Natalia Utrera, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE

September 23, 2002

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
**PD
Knight, Alan L.
6118 Masters Boulevard
Orlando, Florida 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Knight, Barbara R.
6118 Masters Boulevard
Orlando, Florida 32819**

TITLE
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CITY-ST-ZIP

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CR2E034B (12/01)

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:

[Signature] Alan L. Knight, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF ORANGE)

1. Alan L. Knight is the President of CENTRAL FLORIDA BUSINESS PROMOTIONS, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its 2002 Uniform Business Report or pay the 2002 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2002 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. CENTRAL FLORIDA BUSINESS PROMOTIONS, INC. satisfies the requirements of the Florida Statutes 607.0401.

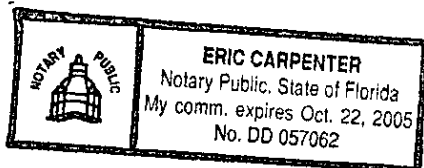
Dated: 20 day of September, 2002

FURTHER, AFFIANT SAYETH NOT

CENTRAL FLORIDA BUSINESS
PROMOTIONS, INC.

By: 
Alan L. Knight, President

FL DL 12 5238124544



SWORN AND SUBSCRIBED

before me this 20 day of September, 2002.


Notary Public, State of Florida at Large

Printed Name: Eric Carpenter

Commission Expires: _____

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4TH FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Central Florida Business Promotions, Inc. P01000100515
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time _____



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 SEP 24 PM 4:21
DIVISION OF CORPORATION

Examiner's Initials