

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

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-22-2003 90142 010 ***150.00

DOCUMENT # **P02000015230**

1. Entity Name
OLD DISTRICT PROMOTIONS INC.



DO NOT WRITE IN THIS SPACE

55048015

2. Principal Place of Business
19 N. Federal Hwy

3. Mailing Address
707 NE 20th Dr.

DO NOT WRITE IN THIS SPACE

City & State
DANIA Beach, FL

City & State
WILTON MANORS

Zip
33304

Country
USA

Zip
33305

Country
USA

4. FEI Number
35-2184222

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID D ROGERS

Street Address (P.O. Box Number is Not Acceptable)
707 NE 20th Dr.

City
WILTON MANORS FL

Zip Code
33305

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
David D. Rogers, David D. Rogers

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
6/10/03

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT - DIRECTOR	NAME DAVID D. ROGERS	STREET ADDRESS 707 NE 20th Dr	CITY-ST-ZIP WILTON MANORS FL 33305
TITLE VICE PRESIDENT - DIRECTOR	NAME TONI A BARONE	STREET ADDRESS 4780 NE 27th Ave	CITY-ST-ZIP FT. LAUDERDALE, FL 33308
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **David D. Rogers, Pres.**

DATE
5/19/03

Daytime Phone
954-562-5175

CR2E034B (12/02)