Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90193 012 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P02000039665 DOCUMENT #

1. Entity Name UNFORGETTABLE PROMOTIONS, INC.



Principal Place of Business Mailing Address 1160 DOROCHESTER STREET 1160 DOROCHESTER STREET PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address 70 ( W. Marcon 201 W. Marian Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Saite 4. FEI Number Applied For 01-06 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired us 11 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURHAM, BARBARA Box Number is Not Acceptable) 1160 DOROCHESTER STREET PORT CHARLOTTE FL 33952 Zip Code 33950 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/02) TITLE TITLE Change Delete DURHAM, BARBARA A NAME NAME 3844 Borderax Prive 1160 DOROCHESTER STREET STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 Pante Gorda, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_ Delete\_ TITLE \_ \_ Change \_ \_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered RJEN Walhon, VP Treasure SIGNATURE:

12. Thereby 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 Block 11 if