

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90108 049 \*\*\*150.00

**DOCUMENT # P02000042058**

1. Entity Name  
**MONTICELLO PROMOTIONS, INC.**



Principal Place of Business  
**1604 STOCKTON STREET  
JACKSONVILLE FL 32204**

Mailing Address  
**1604 STOCKTON STREET  
JACKSONVILLE FL 32204**

2. Principal Place of Business  
**628 FLORENCE ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

4. FEI Number  
**01-0700348**

Applied For  
Not Applicable

Zip  
**32205**

Country  
**US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POUCHER, ALLEN L JR.  
2705 RIVERSIDE AVENUE  
JACKSONVILLE FL 32205**

Name  
**DEAN, CLARENCE A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1604 Stockton Street**

City **Jacksonville** FL Zip Code **32204**

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.

**CLARENCE A. DEAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEAN, HENRY E III  
1604 STOCKTON STREET  
JACKSONVILLE FL 32204** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.C.  
DEAN, HENRY E. III  
1604 STOCKTON ST.  
JACKSONVILLE, FL 32204** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMAS D.S. DEAN  
1510 ALEXANDRIA PLACE SOUTH  
JACKSONVILLE FL 32207** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
ANSWORTH, ALAN  
1604 Stockton St.  
JACKSONVILLE, FL 32204** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CUMMINS, ELOISE  
5333 DIAZ PLACE  
JACKSONVILLE FL 32210** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S.T.  
MARTIN, DEBRA  
1604 Stockton St.  
JACKSONVILLE, FL 32204** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEAN, CLARENCE A  
4125 SAN JUAN AVENUE  
JACKSONVILLE FL 32210** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.D.A.  
DEAN, CLARENCE ASHBY  
1604 Stockton St.  
JACKSONVILLE, FL 32204** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CORBIN, N B JR.  
4986 ORTEGA BOULEVARD  
JACKSONVILLE FL 32210** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED CLARENCE A. DEAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-384-8100**

CR2E034 (10/02)