

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90313 001 \*\*\*150.00

0082013 AV

**DOCUMENT # P02000081764**

**1. Entity Name**  
**PREDAWN MARKETING, INC.**



**Principal Place of Business**  
**3040 KIRKLAND ST**  
**DELTONA FL 32738**

**Mailing Address**  
**3040 KIRKLAND ST**  
**DELTONA FL 32738**

**2. Principal Place of Business**  
**1345A East Evans Cir**

**3. Mailing Address**  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Deltona FL**

**City & State**

**4. FEI Number**  
**30-0109228**

**Applied For**  
**Not Applicable**

**Zip**  
**32725**

**Country**  
**Volosia**

**Zip**

**Country**

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FORMAN, MARTIN E JR**

~~3040 KIRKLAND ST~~ **1345A East Evans Cir**  
~~DELTONA FL 32738~~ **Deltona FL 32725**

**Name**

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

**City**

**FL**

**Zip Code**

**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**  
**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**

**P**  
**FORMAN, MARTIN E**  
**3040 KIRKLAND ST**  
**DELTONA FL 32738**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**1345A East Evans Cir**  
**Deltona FL 32725**

☐ Change ☐ Addition

**TITLE**  
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☐ Delete

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☐ 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**42203**

**Pres**

Date

Daytime Phone #

CR2E034 (10/02)