

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90244 016 ***150.00

DOCUMENT # P02000098837

1. Entity Name
Double "R" Promotions, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6337 Huntsville street

Suite, Apt. #, etc.

3. Mailing Address

6337 Huntsville street

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
760718487

Applied For
Not Applicable

Zip
32819

Country
US

Zip
32819

Country
US

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

IRACE, Richard

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

6337 Huntsville street

City

Orlando

FL

Zip Code

32819

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
NAME
D
IRACE, Tehuana
STREET ADDRESS
6337 Huntsville street
CITY-ST-ZIP
Orlando, FL 32819

TITLE
NAME
D
IRACE, Richard
STREET ADDRESS
6337 Huntsville street
CITY-ST-ZIP
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Richard IRACE Richard IRACE

4-28-03

321-231-8591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)