

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90045 018 \*\*\*150.00

**DOCUMENT # P93000070687**

1. Entity Name

**SLEEPING GIANTS ADVERTISING & CREATIVE SERVICES,**

Principal Place of Business

225 N FEDERAL HWY  
 SUITE 650  
 POMPANO BEACH FL 33062  
 US

Mailing Address

225 N FEDERAL HWY  
 SUITE 650  
 POMPANO BEACH FL 33062  
 US

2. Principal Place of Business

1800 N. Federal Hwy  
 Suite, Apt. #, etc.  
 225

3. Mailing Address

1800 N. Fed. Hwy  
 Suite, Apt. #, etc.  
 225

City & State

Pompano Bch, FL

Zip 33062

Country USA

City & State

Pompano Bch, FL

Zip 33062

Country USA

4. FEI Number

65-0444845

Applied For

Not Applicable

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

KAMMERER, JOHN  
 7280 W. PALMETTO PARK RD  
 STE 209  
 BOCA RATON FL 33433

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Registered agent has not changed*  
 S.L. Rominger, President 2-23-01

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODWIN, GLEN N	
STREET ADDRESS	6578 DERBY LANE NW	
CITY-ST-ZIP	CONCORD NC 28027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMINGER, SANDY	
STREET ADDRESS	4874 N HEMINGWAY CIR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, REY	
STREET ADDRESS	311 OREGON LANE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.L. Rominger

2-23-01

Date

954.785.4444

Daytime Phone #

CR2E034 (10/00)