

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029741

1. Entity Name

MICHAEL PITT - CREDIT CARD PROMOTIONS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90179 009 ***150.00

Principal Place of Business

Mailing Address

109 HAMLIN T. LANE
ALTAMONTE SPRINGS FL 32714

109 HAMLIN T. LANE
ALTAMONTE SPRINGS FL 32714-4112

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1180 Spring Centre S. Blvd
Suite, Apt. #, etc.
Suite 330

1180 Spring Centre S. Blvd
Suite, Apt. #, etc.
Suite 330

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

4. FEI Number 59-3235231

Applied For
Not Applicable

Zip 32714

Country

Zip 32714

Country USA

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

PITT, MICHAEL
109 HAMLIN T. LANE
ALTAMONTE SPRINGS FL 32714

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 Michael Pitt
Signature, typed or printed name of registered agent and title if applicable

Michael Pitt President 4/24/00
(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **D** ☐ Delete
NAME **PITT, MICHAEL**
STREET ADDRESS **1180 SPRING CENTRE S BLVD STE 330**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Michael Pitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-772-0444

CR2E034 (9/99)