

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036893

1. Entity Name  
SKYBALLOON PROMOTIONS, INC.

Principal Place of Business Mailing Address  
4204 SOUTH HWY. A1A 4204 SOUTH HWY. A1A  
MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951

2. Principal Place of Business 3. Mailing Address  
2325 Newfound Harbor Dr 2325 Newfound Harbor Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Merritt Island FL Merritt Island FL  
Zip Zip  
32952-2840 32952-2840  
Country Country

4. FEI Number 59-3254144 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TUCKER, JULIANNE S  
4204 SOUTH HWY. A1A  
MELBOURNE BEACH FL 32951

## 7. Name and Address of New Registered Agent

Name Same  
Street Address (P.O. Box Number is Not Acceptable)  
2325 Newfound Harbor Dr  
City Merritt Island FL Zip Code 32952-2840

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, JULIANNE S	
STREET ADDRESS	4204 SOUTH HWY. A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, FRED T SR.	
STREET ADDRESS	4204 SOUTH HWY. A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2325 Newfound Harbor Dr.
CITY-ST-ZIP	Merritt Island FL 32952-2840
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2325 Newfound Harbor Dr
CITY-ST-ZIP	Merritt Island FL 32952-2840
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: by: Julianne S. Tucker

1/6/02

(New)  
321-453-8298

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0121955 AV

CR2E034 (9/01)

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90014 025 \*\*\*150.00

U U I O I U



DO NOT WRITE IN THIS SPACE