## 2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P95000051008 1. Entity Name DELELLIS PROMOTIONS, INC. 05-04-2001 90096 047 \*\*\*150.00 Mailing Address Principal Place of Business **5833 US HIGHWAY 19** 5833 US HIGHWAY 19 SUITE 1 SUITE 1 **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** US HS 3. Mailing Address 2. Principal Place of Business 2411 clibside lans Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 59-3318709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pinellas Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent christine De Lellis **DELELLIS, CHRISTINE** Street Address (P.O. Box Number is Not Acceptable) 12065 ELDRON STREET SPRING HILL FL 34608 CLobside Court #524 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Poecellis Chastine D ☐ Addition ☐ Delete TITLE TITLE DELELLIS, CHRISTINE NAME NAME 12065 ELDRON STRET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIE TITLE ☐ Addition Delete TITLE NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.