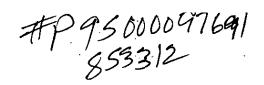
### 2000 UNIFORM BUSINESS REPORT (UBR)

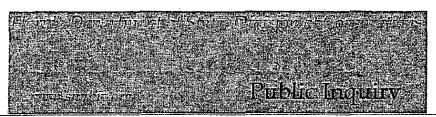
SIGNATURE:

#### FILED DOCUMENT # P95000097691 May 30, 2000 8:00 am Secretary of State 1. Entity Name PRO-MOTION ZONE, INC. 05-30-2000 90075 039 \*\*\*150.00 Principal Place of Business Mailing Address 4319 CLEVELAND STREET 4319 CLEVELAND STREET TAMPA FL 33609-3867 TAMPA FL 33609 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3350032 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONICA, HERBERT R Street Address (P.O. Box Number is Not Acceptable) 201 EAST KENNEDY BLVD. **SUITE 1500 TAMPA FL 33602** 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Addition D TITLE Change ☐ Delete TITLE EAGLE, WILLIAM H JR NAME NAME STREET ADDRESS STREET ADDRESS 4319 CLEVELAND STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

5-15-2000

Daytime Phone #





## Florida Profit

### PRO-MOTION ZONE, INC.

#### PRINCIPAL ADDRESS 4319 CLEVELAND STREET TAMPA FL 33609

### MAILING ADDRESS 4319 CLEVELAND STREET TAMPA FL 33609

Document Number P95000097691 FEI Number 593350032

**Date Filed** 12/27/1995

State FL Status ACTIVE Effective Date NONE

# Registered Agent

#### Name & Address

DONICA, HERBERT R 201 EAST KENNEDY BLVD. SUITE 1500 TAMPA FL 33602

# Officer/Director Detail

Name & Address	Title
4319 CLEVELAND STREET	D
TAMPA FL 33609	

# **Annual Reports**

Report Year	Filed Date	Intangible Tax
1997	04/09/1997	
1998	01/15/1998	
1999 .	01/27/1999	

Prévious Filing.

Return to List

Next Filing

No Events