

6/1.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

06-13-2002 90385 018 ***550.00

DOCUMENT # **P96000018444**

1. Entity Name

FTN Promotions, Inc**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9641 Gulf Blvd

Suite, Apt. #, etc.

3. Mailing Address

9641 Gulf Blvd

Suite, Apt. #, etc.

37901

DO NOT WRITE IN THIS SPACE

City & State
Treasure Island, FL

Zip

33706

Country

USACity & State
Treasure Island, FL

Zip

33706

Country

USA

4. FEI Number

593188192

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Donald G Booth**

Street Address (P.O. Box Number Not Acceptable)

9641 Gulf BlvdCity **Treasure Island**

FL

Zip Code **33706****DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President / CEO / D**
NAME **Bryan W. B. B.**
STREET ADDRESS **1116 Kipp's Colony Drive South**
CITY - ST - ZIP **Gulf Breeze, FL 33707**

TITLE **SEVP / CEO / S / D**
NAME **David Reilly**
STREET ADDRESS **1102 2nd Ave South**
CITY - ST - ZIP **Treasure Island, FL 33715**

TITLE **CEO / D**
NAME **Roy Eliasson**
STREET ADDRESS **3006 Long Brook Way**
CITY - ST - ZIP **Clearwater, FL 33702**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)