

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000045530**

1. Entity Name

PROMO DEPOT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90284 031 ***150.00

Principal Place of Business

Mailing Address

~~11761 BEACH BLVD~~
~~SUITE 9~~
JACKSONVILLE FL 32246-699
US

~~11761 BEACH BLVD~~
~~SUITE 9~~
JACKSONVILLE FL 32246-699
US

UUU4137U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7845 BAYMEADOWS WAY

Suite, Apt. #, etc.

3. Mailing Address

7845 BAYMEADOWS WAY

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3379719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, DEA
12965 HUNTLEY MANOR DRIVE
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

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

City

State

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

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent's 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, 2001 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	P	☐ Delete
NAME	SIMS, DEA	
STREET ADDRESS	12965 HUNTLEY MANOR DR	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ Delete
NAME	SIMS, MICHAEL	
STREET ADDRESS	12965 HUNTLEY MANOR DR	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VCFO	☐ Delete
NAME	COOK, DEAN M	
STREET ADDRESS	3910 COLONY COVE TRAIL	
CITY-STATE-ZIP	JACKSONVILLE FL 32277	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VICE President Sales	☐ Change ☒ Addition
NAME	THOMAS K. HARRIS	
STREET ADDRESS	7845 BAYMEADOWS WAY	
CITY-STATE-ZIP	Jacksonville, FL 32256	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a power of attorney empowered.

SIGNATURE:

Dean M. Cook

DEAN M. COOK V.P., CFO

4/18/01 904/998-4196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)