

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90453 035 ***150.00

0039136 AV

DOCUMENT # P96000045530

1. Entity Name
PROMO DEPOT, INC.



Principal Place of Business
**7845 BAYMEADOWS WAY
JACKSONVILLE FL 32256
US**

Mailing Address
**7845 BAYMEADOWS WAY
JACKSONVILLE FL 32256
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3379719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, DEA

~~12965 HUNTLEY MANOR DRIVE
JACKSONVILLE FL 32224~~

*7845 BAYMEADOWS WAY
JACKSONVILLE, FL 32256*

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P SIMS, DEA	<input type="checkbox"/> Delete
STREET ADDRESS	12965 HUNTLEY MANOR DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	ST SIMS, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	12965 HUNTLEY MANOR DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VCFO COOK, DEAN M	<input type="checkbox"/> Delete
STREET ADDRESS	3910 COLONY COVE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE NAME	VPS HARRIS, THOMAS K	<input type="checkbox"/> Delete
STREET ADDRESS	7845 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>7845 BAYMEADOWS WAY</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32256</i>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>7845 BAYMEADOWS WAY</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32256</i>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>7845 BAYMEADOWS WAY</i>	
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32256</i>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean M. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

904/998-4196

Daytime Phone #

CR2E034 (10/02)