

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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DOCUMENT # **P96000045330**

1. Entity Name

Promo Depot, Inc.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600025385556
12/07/03--01/22--018 **\$61.25

** Making changes **

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7845 Baymeadows Way

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number

59-3379719

Applied For

Not Applicable

Zip

Country

32256 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Sims, Dea**
Street Address (P.O. Box Number is Not Acceptable)
(same address)
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

Dea Sims

12/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Sims, Dea	CEO	(same address)		title change		
	Sims, Michael	COO/President	(same address)		title change		
	Harris, Thomas R	Vice President/General Manager	(same address)		title change		
	Harris, Debby	Vice President	(same address)		DO NOT WRITE IN THIS SPACE		
	Cook, Dean M	VCFO	(same address)		New officers		
					DELETE - no longer with company		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dea Sims

Dea Sims

12/2/03 (904)9984196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)