

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004107

1. Entity Name

CONTEMPORARY PROMOTIONAL PRODUCTS, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90162 001 *****8.75

04-20-2000 90162 002 ***150.00

Principal Place of Business

Mailing Address

12909 N 56TH #202
TAMPA FL 33617

12909 N 56TH #202
TAMPA FL 33617-1274

2. Principal Place of Business

3. Mailing Address

6936 Cohasset Circle

P.O. Box 656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Riverview, FL

Zip

33569

Country

USA

Zip

33568-0656

Country

USA

4. FEI Number

59-3429842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANTLEY, AUDREY
12909 N 56TH #202
TAMPA FL 33617

Name

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

6936 Cohasset Circle

City

Riverview

FL

Zip Code

33569

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

A. Brantley

4-14-00

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

(NOTE: Registered Agent 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, 2000 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 D ☐ Delete
NAME BRANTLEY, AUDREY
STREET ADDRESS 12909 N 56TH #202
CITY-ST-ZIP TAMPA FL 33617

TITLE P/D ☒ Change ☐ Addition
NAME Brantley, Audrey
STREET ADDRESS 6936 Cohasset Circle
CITY-ST-ZIP Riverview, FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

A. Brantley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

813-882-5297
Daytime Phone #

CR2E034 (9/99)