

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90311 001 \*\*\*150.00

**DOCUMENT # P97000035423**

**1. Entity Name**  
**PROMOTIONS FOR RESULTS, INC.**



**Principal Place of Business**  
**4521 P.G.A. BLVD.**  
**SUITE 343**  
**PALM BEACH GARDENS FL 33418**

**Mailing Address**  
**4521 P.G.A. BLVD.**  
**SUITE 343**  
**PALM BEACH GARDENS FL 33418**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **06-1377022**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**LEONARD, ELIZABETH**  
**734 PINEHURST WAY**  
**PALM BEACH GARDENS FL 33418**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PC** ☐ Delete  
**NAME** **LEONARD, ELIZABETH**  
**STREET ADDRESS** **734 PINEHURST WAY**  
**CITY-ST-ZIP** **PALM BEACH GARDENS FL 33418**

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

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**CITY-ST-ZIP**

I 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 in 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 in an attachment with an address, with all other like empowered.

**SIGNATURE** **Elizabeth Leonard**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-30-03 561-627-9371**

Date

Daytime Phone #

CR2E034 (10/02)