

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036740

1. Entity Name

PROMOTIONAL MARKETING, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90079 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~22471 VISTAWOOD WAY~~  
~~BOCA RATON FL 33428~~

~~22471 VISTAWOOD WAY~~  
~~BOCA RATON FL 33428~~

2. Principal Place of Business

2359 NW 29TH Rd

3. Mailing Address

21346 St Andrews Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Boca Raton FL~~

Suite 140

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Zip

33433

Country

4. FEI Number

65-0758225

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

HUBBARD, JERRY

2359 NW 29TH RD

BOCA RATON FL 33431

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.

SIGNATURE

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, BARRY A 22471 VISTAWOOD WAY BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, JERRY 2359 NW 29TH RD BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

561 451 1664

Daytime Phone #

CR2E034 (10/00)