


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90313 020 \*\*\*150.00

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<b>DOCUMENT #</b> P97000036740	
<b>1. Entity Name</b> PROMOTIONAL MARKETING, INC.	

<b>Principal Place of Business</b> 21346 ST. ANDREWS BLVD. SUITE 140 BOCA RATON FL 33433	<b>Mailing Address</b> 21346 ST. ANDREWS BLVD. SUITE 140 BOCA RATON FL 33433
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<b>2. Principal Place of Business</b> 21346 ST. ANDREWS BLVD. #140	<b>3. Mailing Address</b> 21346 ST. ANDREWS BLVD. #140
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> BOCA RATON, FL	<b>City &amp; State</b> BOCA RATON, FL
<b>Zip</b> 33433	<b>Country</b> USA

<b>4. FEI Number</b> 65-0758225	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
ZLOMEK, THOMAS E 6314 C. DURHAM DRIVE LAKE WORTH FL 33467	

<b>7. Name and Address of New Registered Agent</b>	
Name ZLOMEK, THOMAS E.	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>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.</b>	
SIGNATURE <i>Thomas E. Zomek</i>	DATE 4/18/03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZLOMEK, THOMAS E 6314 C. DURHAM DRIVE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> <i>Thomas E. Zomek</i>	DATE 4/18/03 DAYTIME PHONE # 561-649-3958
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034 (10/02)