

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90120 018 ***150.00

DOCUMENT # P97000095111

1. Entity Name
GROUP ONE PROMOTIONS, INC.



Principal Place of Business
**1110 11TH WAY
WEST PALM BEACH FL 33407**

Mailing Address
**1110 11TH WAY
WEST PALM BEACH FL 33407**



2. Principal Place of Business
8437 SE PALM HAMMOCK LANE

3. Mailing Address
8437 SE PALM HAMMOCK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HOBE SOUND, FL 33455

City & State
HOBE SOUND FL

4. FEI Number
65-0796264

Applied For
Not Applicable

Zip
33455

Country
USA

Zip
33455

Country
USA

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

**SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DR., 2ND FL.
N. MIAMI BEACH FL 33180**

Name
JO ANN P VALENTI

Street Address (P.O. Box Number is Not Acceptable)
8437 SE PALM HAMMOCK LANE

City
HOBE SOUND

FL

Zip Code
33455

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 *Jo Ann P. Valenti*

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
VALENTI, JO ANN P
1110 11TH WAY
WEST PALM BEACH FL 33407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8437 SE PALM HAMMOCK LANE
HOBE SOUND, FL 33455** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: *Jo Ann P. Valenti* **WIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03

CR2E034 (10/02)