

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097885

1. Entity Name

MOMENTUM AD SPECIALTIES, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90070 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1417 SW VICUNA LANE  
PORT ST LUCIE FL 34953

1417 SW VICUNA LANE  
PORT ST LUCIE FL 34953-2254

2. Principal Place of Business

10700 SW GREEN RIDGE LN.

3. Mailing Address

10700 SW GREEN RIDGE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City Florida

City & State

Palm City FL

4. FEI Number

65-0797334

Applied For

Not Applicable

Zip

Country

34990 USA

Zip

Country

34990 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STIEGELMAN, JACQUES  
1417 SW VICUNA LANE  
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name JACQUES C. STIEGELMAN

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

10700 SW GREEN RIDGE LN

City

Palm City

FL

Zip Code

34990

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 JACQUES C. STIEGELMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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

TITLE P  
NAME STIEGELMAN, DENISE T.  
STREET ADDRESS 1417 SW VICUNA LANE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE VP  
NAME STIEGELMAN, JACQUES  
STREET ADDRESS 1417 SW VICUNA LANE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Stiegelman Denise T. ☒ Change ☐ Addition  
STREET ADDRESS 10700 SW GREEN RIDGE LN  
CITY-ST-ZIP Palm City, FL 34990

TITLE VP  
NAME Stiegelman Jacques C. ☒ Change ☐ Addition  
STREET ADDRESS 10700 SW GREEN RIDGE LN  
CITY-ST-ZIP Palm City FL 34990

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

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

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

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

Date

Daytime Phone #

JACQUES C. STIEGELMAN 1/25/00

CR2E034 (9/99)