

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097885

1. Entity Name

MOMENTUM AD SPECIALTIES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90121 034 ***150.00

Principal Place of Business

10700 SW GREENRIDGE LANE
PALM CITY FL 34990
US

Mailing Address

10700 SW GREENRIDGE LANE
PALM CITY FL 34990
US

00000000

2. Principal Place of Business

6707 S Federal Hwy

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FLA

City & State

Zip

34952

Country

USA

Country

4. FEI Number

65-0797334

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

STIEGELMAN, JACQUES
10700 SW GREENRIDGE LANE
PALM CITY FL 34990

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

Jacques C Stiegelman VP

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

(NOTE: Registered agent signature required when reinstating)

DATE

1/10/01

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 P
NAME STIEGELMAN, DENISE T.
STREET ADDRESS 10700 SW GREENRIDGE LANE
CITY-ST-ZIP PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
NAME STIEGELMAN, JACQUES
STREET ADDRESS 10700 SW GREENRIDGE LANE
CITY-ST-ZIP PALM CITY FL 34990

☐ Delete

TITLE
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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 #

1/10/01 561-781-8958

CR2E034 (10/00)