

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033694

1. Entity Name

PROMOTIONS IN MOTION, INC.

Principal Place of Business

19274 CLOISTER LAKE LANE  
BOCA RATON FL 33498

Mailing Address

19274 CLOISTER LAKE LANE  
BOCA RATON FL 33498

2. Principal Place of Business

1980 S. OCEAN DRIVE

3. Mailing Address

1980 S. OCEAN DRIVE

Suite, Apt. #, etc.

Suite 17 G South

Suite, Apt. #, etc.

Suite 17 G South

City & State

Hallandale Beach

City & State

Hallandale Bch

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

TILLEM, SCOTT E  
10 FAIRWAY DRIVE SUITE 219  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name James F. Mahon

Street Address (P.O. Box Number is Not Acceptable)  
2840 N. ANDREWS AVE

City FT LAUDERDALE

FL

Zip Code 33311

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

JAMES F. MAHON

4/24/01

(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

TITLE PVTS  
NAME SHUMAN, BRENDA C  
STREET ADDRESS 19274 CLOISTER LAKE LANE  
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE D  
NAME SHUMAN, BRENDA C  
STREET ADDRESS 19274 CLOISTER LAKE LANE  
CITY-ST-ZIP BOCA RATON FL 33498 ☐ 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 PVTS  
NAME SHUMAN BRENDA C  
STREET ADDRESS 1980 S. OCEAN DR. Suite 17G S  
CITY-ST-ZIP Hallandale Bch 33009 ☐ Change ☐ Addition

TITLE D  
NAME SHUMAN BRENDA C  
STREET ADDRESS 1980 S. OCEAN DR. Suite 17G S  
CITY-ST-ZIP Hallandale Bch FL 33009 ☐ 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

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 #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90066 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)