

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0140217 AV

DOCUMENT # P98000033694

1. Entity Name
PROMOTIONS IN MOTION, INC.



04-28-2003 90225 032 ***150.00

Principal Place of Business
**1980 S OCEAN DRIVE
SUITE 17G SOUTH
HALLANDALE FL 33009**

Mailing Address
**1980 S OCEAN DRIVE
SUITE 17G SOUTH
HALLANDALE FL 33009**



2. Principal Place of Business
1980 S. OCEAN DRIVE

3. Mailing Address
1980 S. OCEAN DRIVE

Suite, Apt. #, etc.
SUITE 4P SOUTH

Suite, Apt. #, etc.
SUITE 4P SOUTH

City & State
HALLANDALE FL.

City & State
HALLANDALE FL.

4. FEI Number **65-0827266**

Applied For
☐ Not Applicable

Zip
33009

Country
USA

Zip
33009

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

**MAHON, JAMES F
2890 N ANDREWS AVE
FORT LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 **PVTS** ☐ Delete
NAME **SHUMAN, BRENDA C**
STREET ADDRESS **1980 S OCEAN DR SUITE 17G S**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME **BRENDA C SHUMAN**
STREET ADDRESS **1980 S OCEAN DR SUITE 17G S**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **SHUMAN, BRENDA C**
STREET ADDRESS **1980 S OCEAN DR SUITE 17G S**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
BRENDA C SHUMAN

Pres. 4/25/03 954 457 5030
Date Daytime Phone #

CR2E034 (10/02)