

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035688

1. Entity Name

PROMOTIONAL INSURANCE COVERAGE, INC.

R

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90146 013 ***150.00

Principal Place of Business

8875 HIDDEN RIVER PARKWAY, SUITE 300
TAMPA FL 33637-1017

Mailing Address

8875 HIDDEN RIVER PARKWAY, SUITE 300
TAMPA FL 33637-1017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3506957

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

MULCAHY, MARY LOU
3815 HARROGATE DRIVE
VALRICO FL 33594

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **MULCAHY, MARY L**
STREET ADDRESS **3815 HARROGATE DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **VP** ☐ Delete
NAME **BONEBRAKE, LISA H**
STREET ADDRESS **13010 WATERFORD RUN DRIVE**
CITY-ST-ZIP **RIVERVIEW FL-33569**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Mary Lou Mulcahy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-00
Date

813-975-7165
Daytime Phone #

PG 8000035688 ATTACHMENT

AD069914

Promotional Insurance Coverage

July 24, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

As per our phone conversation today, we did not receive the first notice of the Uniform Business Report.

We did Receive the enclosed second notice on July 19, 2000.

As per your request, we are enclosing this letter and a check for \$150.

Thank you for your help on this matter.

Promotional Insurance Coverage

8875 Hidden River Parkway, Suite 300 • Tampa, FL 33637

FEI Number 59-3506957