

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046159

1. Entity Name

DOUBLE EXPOSURE PROMOTIONS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90870 044 ***150.00

Principal Place of Business

6017 PINE RIDGE ROAD #215 269
NAPLES FL 34119

Mailing Address

6017 PINE RIDGE ROAD #215 269
NAPLES FL 34119-3956

2. Principal Place of Business

6017 PINE RIDGE RD.

3. Mailing Address

6017 PINE RIDGE RD.

Suite, Apt. #, etc.

269

Suite, Apt. #, etc.

269

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

USA

Zip

34119

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0841655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRUZZO-UNDERWOOD, KATHERINE
6017 PINE RIDGE ROAD #215
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

ABRUZZO, KATHERINE

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

6017 PINE RIDGE RD.

269

City

NAPLES

FL

Zip Code

34119

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

Katherine Abruzzo

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

(NOTE: Registered Agent signature required when reinstating)

3/22/00

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, 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	PT	<input type="checkbox"/> Delete
NAME	ABRUZZO-UNDERWOOD, KATHERINE A	
STREET ADDRESS	6017 PINE RIDGE DR #215 # 269	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine A. Abruzzo	
STREET ADDRESS	6017 Pine Ridge Rd # 269	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Katherine A. Abruzzo Katherine A. Abruzzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 (941) 514-3117

DATE

DAYTIME PHONE #

CR2E034 (3/99)