

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90021 050 ***150.00

DOCUMENT # P98000056317

1. Entity Name
L.C. PROMOTIONS, INC.

Principal Place of Business

Mailing Address

~~1224 TIMBER TRACE DR.~~
~~WESLEY CHAPEL FL 33543~~
~~US~~

~~1224 TIMBER TRACE DR.~~
~~WESLEY CHAPEL FL 33543~~
~~US~~

2. Principal Place of Business

3. Mailing Address

10200 Gandy Blvd. N.
 Suite, Apt. #, etc.
805

10200 Gandy Blvd. N.
 Suite, Apt. #, etc.
805

City & State
Saint Petersburg FL.

City & State
Saint Petersburg, FL.

Zip Country
33702-2311 USA

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33702-2311 USA

4. FEI Number **59-3551695**

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

KENNY, MAUREEN
1224 TIMBER TRACE DR
WESLEY CHAPEL FL 33543

Name **Maureen Kenny**
 Street Address (P.O. Box Number is Not Acceptable)
10200 Gandy Blvd. N.
805
 City **Saint Petersburg** **FL** Zip Code **33702**

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 *Maureen Kenny* **President Maureen Kenny President 3/5/01**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & P KENNY, MAUREEN 1224 TIMBER TRACE WESLEY CHAPEL FL 33543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & P Maureen Kenny 10200 Gandy Blvd. N. # 805 Saint Petersburg, FL. 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maureen Kenny* **Maureen Kenny President 3/5/01 (727) 568-0971**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0356784

CR2E034 (10/00)