

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059678

1. Entity Name

PROMOTING YOUR BUSINESS MARKETING CO.

Principal Place of Business

1230 GULF BLVD
#1904
CLEARWATER FL 33767
US

Mailing Address

2840 W BAY DR
#221
BELLEAIR BLUFFS FL 33770-2620
US

2. Principal Place of Business

14290 WALSHINGHAM ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

Zip

33774

Country

US

Zip

Country

4. FEI Number

59-3522263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEPHTON, GARY
1230 GULF BLVD
#1904
CLEARWATER FL 33774

7. Name and Address of New Registered Agent

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PVST
SEPHTON, GARY
1230 GULF BLVD #1904
CLEARWATER FL 33774

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
SEPHTON, GARY
2840 W BAY DR #221
BELLEAIR BLUFFS FL 33770

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

2840 W BAY DRIVE #221
BELLEAIR BLUFFS FL 33770

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.6.2000

Date

727.596.9521

Daytime Phone #

CR2E034 (9/99)