

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90021 011 ***150.00

DOCUMENT # P98000104965

1. Entity Name

MIKE POLITE PROMOTION, INC.

Principal Place of Business

Mailing Address

SUNLAND DR
BEACH FL 32114

P.O. BOX 10941
DAYTONA BEACH FL 32120-1941

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3551007

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

Mike Polite

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

309 DEELEY ST.

City

DAYTONA Beach

FL

Zip Code

32114

JACOBS, JANICE
1413 SUNLAND DR
DAYTONA BEACH FL 32114

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

Michael Polite

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME POLITE, MIKE
STREET ADDRESS 309 DEELEY STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 309 Deeley St
STREET ADDRESS
CITY-ST-ZIP Daytona Bch, FL 32114

TITLE VTS
NAME HENRY, JAMES A JR.
STREET ADDRESS 532 SANDRA AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James A. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 2000
Date

226 7582 @
904 255 0036 @
Daytime Phone #

CR2E034 (9/99)