2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am DOCUMENT # **P99000000907 Secretary of State** JEFF HANSON MANAGEMENT & PROMOTIONS INC. 03-01-2000 90015 042 ***158.75 Principal Place of Business Mailing Address 2418 N. MONROE ST.: #140 2418 N. MONROE ST. #140 * TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-4119 BUVAULUU. 3. Mailing Address 2. Principal Place of Business Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-349 Not Applicable Orlando Country Country \$8.75 Additional 5. Certificate of Status Desired 328 D 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMERON Street Address (P.O. Box Number is Not Ac CAMERON, JEFFREY 2418 N. MONROE ST. #140 TALLAHASSEE FL 32303 Zip Code 8. The above named entity submits this statement for the purpose of changing, gistered office or registered agent, or both, in the State of Florida w Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE NAME pf Hason NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME THAP THOM NAME STREET ADDRESS STREET ADDRESS S. Oram CITY-ST-ZIP CITY-ST-ZIP 32901 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition Addition