

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008307

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

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90076 032 ***550.00

Principal Place of Business

7530 103RD ST., SUITE 12
JACKSONVILLE FL 32210

Mailing Address

7530 103RD ST., SUITE 12
JACKSONVILLE FL 32210

2. Principal Place of Business

6001-30 Argyle Forest Blvd

Suite, Apt. #, etc.

#361

City & State

JACKSONVILLE FL

Zip

32244

Country

DUAL

3. Mailing Address

6001-30 Argyle Forest Blvd

Suite, Apt. #, etc.

#361

City & State

JACKSONVILLE FL

Zip

32244

Country

DUAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

593558313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, SHAWN B
7530 103RD ST., SUITE 12
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Chris B Brown

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

6001-30 Argyle Forest Blvd #361

City

Jacksonville

FL

Zip Code

32244

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

Chris B Brown

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

7-11-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BROWN, CHRIS	
STREET ADDRESS	8571 BANDERA CIRCLE W.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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	<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	
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

904-298-2671

Daytime Phone

CR2E034 (5/00)