

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-24-2000 90076 032 ***550.00

DOCUMENT # P99000008307

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

Principal Place of Business 7530 103RD ST., SUITE 12 JACKSONVILLE FL 32210	Mailing Address 7530 103RD ST., SUITE 12 JACKSONVILLE FL 32210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6001-30 Argyle Forest Blvd Suite, Apt. #, etc. #361	3. Mailing Address 6001-30 Argyle Forest Blvd Suite, Apt. #, etc. #361
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 593558313	Applied For <input type="checkbox"/> Not Applicable
Zip 32244	Country DUAL	Zip 32244	Country DUAL
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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 CB Brown DATE 7-11-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, CHRIS 8571 BANDERA CIRCLE W. JACKSONVILLE FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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: SIGNATURE REQUIRED DATE 7-11-00 DAYTIME PHONE # 904-798-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)