

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034503

1. Entity Name

PROMOVERS OF MERRITT ISLAND, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90002 040 ***158.75

0083221

Principal Place of Business

1750 MANATEE COURT
MERRITT ISLAND FL 32952

Mailing Address

1750 MANATEE COURT
MERRITT ISLAND FL 32952

A0048361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3576984

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTIRE, JOHN G
1750 MANATEE COURT
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name JAMES SCROGGINS

Street Address (P.O. Box Number is Not Acceptable)
1750 MANATEE COURT

City Merritt Island FL FL Zip Code 32952

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 *John G McIntire (Director)* *James Scroggins (New Agent)* 1/25/01
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 (\$150.00)
After MAY 1, 2001 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 D ☒ Delete
NAME MCINTIRE, JOHN G
STREET ADDRESS 1750 MANATEE COURT
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE President / Director ☒ Change ☐ Addition
NAME JAMES SCROGGINS
STREET ADDRESS 1750 MANATEE CT.
CITY-ST-ZIP Merritt Island, FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another like empowered.

SIGNATURE: *James Scroggins* (JAMES SCROGGINS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 321 452-6202
Date Daytime Phone #

CR2E034 (10/00)