

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000067306

FILED
Apr 01, 2003
Secretary of State

Entity Name: LEVY AWARDS & PROMOTIONAL PRODUCTS, INC.

Current Principal Place of Business:

2614 W. KENNEDY BLVD.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2614 W. KENNEDY BLVD.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3593288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, L. DAVID
401 EAST JACKSON STREET, SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEAR, STEPHEN C
Address: 2619 W JETTON
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: CHAMPION, WANDA M
Address: 10116 N HIGHLAND
City-St-Zip: TAMPA, FL 33609

Title: TS () Delete
Name: BONE, JODY L
Address: 612 CHILT DR
City-St-Zip: BRANDON, FL 33510

Title: COB () Delete
Name: LEVY, GEORGE A
Address: 603 S GLEN AVE #C
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: SHEAR, DAVID L
Address: 401 E JACKSON ST 27TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SCHIFINO, WILLIAM J JR.
Address: 1 TAMPA CITY CENTER SUITE 2600
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY L. BONE

TS

04/01/2003

Electronic Signature of Signing Officer or Director

_____ Date