

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT #

1. Entity Name

PROMOTION DEPOT, INC

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90001 035 \*\*\*150.00

Principal Place of Business  
4800 N. FEDERAL HWY  
SUITE 201B  
BOCA RATON FL 33431

Mailing Address  
4800 N. FEDERAL HWY  
SUITE 201B  
BOCA RATON FL 33431

2. Principal Place of Business  
4800 N. FEDERAL HWY  
Suite, Apt. #, etc.  
SUITE 201B  
City & State  
BOCA RATON FL  
Zip  
33431  
Country  
USA

3. Mailing Address  
4800 N. FEDERAL HWY  
Suite, Apt. #, etc.  
SUITE 201B  
City & State  
BOCA RATON FL  
Zip  
33431  
Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
X 65-0945154  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
TIM A SHANE  
4800 N. FEDERAL HWY  
SUITE 201B  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent  
Name  
ROBERT HOWAYECK  
Street Address (P.O. Box Number is Not Acceptable)  
4278 NE 7TH AVENUE  
City  
FORT LAUDERDALE FL Zip Code  
33334

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 Robert Howayeck DATE 4/4/2000  
(NOTE: Registered Agent signature required when reinstalling)

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 \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	TIM A SHANE 4800 N. FEDERAL HWY SUITE 201B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT HOWAYECK 4278 NE 7TH AVENUE FT. LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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		<input type="checkbox"/> Delete	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: Robert Howayeck DATE 4/4/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)