

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90176 010 \*\*\*150.00

**DOCUMENT # P99000076462**

1. Entity Name  
**INTERNET PROMOTIONS & MARKETING, INC.**

Principal Place of Business  
**4525 AG ROAD**  
**GROVELAND FL 34736**

Mailing Address  
**P.O. BOX 631**  
**GROVELAND FL 34736**

144076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**311 Pearl St.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Clermont, FL.**

City & State

4. FEI Number **59-3610787**

Applied For  
 Not Applicable

Zip  
**34711**

Country  
**US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDOWELL, JAMES J**  
**4525 AG ROAD**  
**GROVELAND FL 34736**

Name **McDowell, James, J**

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

**311 Pearl St.**

City **Clermont FL 34711**

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

**James McDowell** (NOTE: Registered Agent signature required when reinstating)

**4-16-01** 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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDOWELL, JAMES J</b> <b>4525 AG ROAD</b> <b>GROVELAND FL 34736</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>McDowell, James J</b> <b>311 Pearl St.</b> <b>Clermont, FL 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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, all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James McDowell**

Date

Daytime Phone #

**4-16-01 352-243-5970**

CR2E034 (10/00)