

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

311 Pearl St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Zip

34711

Country

US

Country

4. FEI Number 59-3610787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDOWELL, JAMES J  
4525 AG ROAD  
GROVELAND FL 34736

7. Name and Address of New Registered Agent

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 D  
NAME MCDOWELL, JAMES J  
STREET ADDRESS 4525 AG ROAD  
CITY-ST-ZIP GROVELAND FL 34736 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME McDowell, James J  
STREET ADDRESS 311 Pearl St.  
CITY-ST-ZIP Clermont, FL 34711 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 of all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James McDowell

Date

4-16-01

Daytime Phone #

352-243-5970

FILED  
Apr 20, 2001 8:00 am  
Secretary of State  
04-20-2001 90176 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)