

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90093 027 \*\*\*150.00

0142773 AT

**DOCUMENT # P99000076462**

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



Principal Place of Business  
**311 PEARL ST  
CLERMONT FL 34711**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3610787**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDOWELL, JAMES J  
311 PEARL ST  
CLERMONT FL 34711**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D MCDOWELL, JAMES J 311 PEARL ST CLERMONT FL 34711</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED ME Dowell** 9-5-03 352-250-5792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



Attachment  
86147124  
P99000076462

PO Box 631  
Groveland, FL 34736  
Phone: 352-250-5792  
Fax: 352-243-5971

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302- 1500

To whom it may concern

I received my uniform business report invoice. When I opened it up, I was in complete shock to see that it was \$550. I have always paid my filing fee of \$150. This is the first invoice that I have seen. I have never received any prior invoices.

All I saw on my invoice, was file before September 10th 2003. I was going to pay it online when I found the amount was \$550.

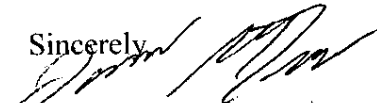
If I would've known for one second that it was late, I would have paid it immediately.

There is no way I can afford the \$550 fee. Please except this \$150 payment as it is all I have.

I apologize for any inconvenience this may have caused you, and I will never let this happen again.

Thank you for the consideration in this matter. If you have any questions, please contact me your earliest convenience.

Sincerely,



James McDowell