

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90150 030 \*\*\*150.00

**DOCUMENT # P99000081485**

1. Entity Name  
**FIRST-CLASS PROMOTIONS AND MARKETING, INC.**

Principal Place of Business      Mailing Address  
**21837 CYPRESS PALM CT.**      **21837 CYPRESS PALM CT.**  
**BOCA RATON FL 33428**      **BOCA RATON FL 33428**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0954845**       Not Applicable

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

**JACOBS, LESLIE B**  
**21837 CYPRESS PALM CT.**  
**BOCA RATON FL 33428**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete <b>President</b> <b>Leslie B. Jacobs</b> <b>21837 cypress Palm Court</b> <b>BOCA RATON, Florida 33428</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leslie B. Jacobs* **7-17-00**      **561-470-0994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Please note new business number*

CP2E034 (5/00)

Attachment  
P99000081485



107741

First Class Promotions and Marketing, Inc.  
21837 Cypress Palm Court  
Boca Raton, Florida 33428  
561-470-0994

July 17, 2000

Divisions of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

RE: 2000 Uniform Business Report  
Document #P99000081485

To Whom It May Concern:

I am writing to inform you that I never received any correspondence this year regarding the 2000 Uniform Business Report (UBR). I called your office this past Friday (spoke with Tyrone) and was instructed to send a note with a \$150 check and request that the late fees be waived since I never received any previous notification or correspondence.

My corporation was recently established in September of 1999... Because of the cost involved in establishing a small business, I established the corporation myself with a service bureau and did not have the counsel of an attorney and was unfamiliar with the annual report requirements.

The corporation has been struggling to generate revenue and was established to supplement the income of our family. My husband is totally disabled and I hope the corporation will provide us with the supplemental income at a future date...

Payment of the additional assessment, places a financial hardship on this small business and we are requesting that the information set forth will enable your agency to consider abatement of the late submission charge.

As directed by Tyrone at your office, I am enclosing the completed report at this time with the regular fee of \$150 hoping your agency will grant consideration in this matter.

Thank you,

Leslie Jacobs