

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90627 003 \*\*\*150.00

<b>DOCUMENT # P99000105206</b> 1. Entity Name <b>MAYS PROMOTIONS, INC.</b>																																											
Principal Place of Business <b>1264 ESPINA COURT</b> <b>PALM HARBOR FL 34683</b> <b>DUNEDIN, FL 34698</b>		Mailing Address <b>1264 ESPINA COURT</b> <b>PALM HARBOR FL 34683</b> <b>DUNEDIN, FL 34698</b>																																									
2. Principal Place of Business <b>1264 ESPINA CT</b> Suite, Apt. #, etc. <b>DUNEDIN FL</b> City & State		3. Mailing Address <b>1264 ESPINA CT</b> Suite, Apt. #, etc. <b>DUNEDIN FL</b> City & State																																									
Zip <b>34698</b>	Country <b>USA</b>	Zip <b>34698</b>	Country <b>USA</b>																																								
6. Name and Address of Current Registered Agent <b>MAYS, WILLIAM D</b> <b>1264 ESPINA COURT</b> <b>PALM HARBOR FL 34683</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																									
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width:50%;">           TITLE  <b>DPT.</b>            NAME  <b>MAYS, WILLIAM D</b>            STREET ADDRESS  <b>1264 ESPINA COURT</b>            CITY-ST-ZIP  <b>PALM HARBOR FL 34683</b> </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> </tbody> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE <b>DPT.</b> NAME <b>MAYS, WILLIAM D</b> STREET ADDRESS <b>1264 ESPINA COURT</b> CITY-ST-ZIP <b>PALM HARBOR FL 34683</b>	<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.																																											



DO NOT WRITE IN THIS SPACE

**SIGNATURE:**

*William D Mays*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02** **727-771-8551**  
 Date Daytime Phone #

CR2E034 (9/01)