

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90418 017 ***150.00

DOCUMENT # P01000098996

1. Entity Name
PREMIUMS PLUS PROMOTIONS INC.

Principal Place of Business
2275 KENT DRIVE
LARGO FL 33774

Mailing Address
2275 KENT DRIVE
LARGO FL 33774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 Oak Manor Ln.
 Suite, Apt. #, etc.
49

3. Mailing Address
3600 Oak Manor Ln.
 Suite, Apt. #, etc.
49

City & State
Largo FL

City & State
Largo FL

Zip
33774

Country
Pinellas

4. FEI Number
59-3752089

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SMELTZ, EDWARD
2275 KENT DRIVE
LARGO FL 33774

7. Name and Address of New Registered Agent
 Name
Edward Smeltz
 Street Address (P.O. Box Number is Not Acceptable)
3600 Oak Manor Ln.
 Suite
49
 City
Largo FL Zip Code
33774

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 **May 9 - 02**

Signature, typed or printed name of registered agent and fee 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 \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMELTZ, EDWARD <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: DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)