

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90016 036 \*\*\*150.00

**DOCUMENT # P01000083812**  
 1. Entity Name  
**TQK EVENT MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**2337 RUNYON CT.**      **2337 RUNYON CT.**  
**ORLANDO FL 32837**      **ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**11765 S. Orange Blossom Tr**      **11765 S. Orange Blossom Tr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite C**      **Suite C**  
 City & State      City & State  
**Orlando FL**      **Orlando FL**  
 Zip      Country      Zip      Country  
**32837**      **USA**      **32837**      **USA**

4. FEI Number      Applied For  
**59-3740917**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEMP, TIMOTHY**  
**2113 S. AVE., APT. A**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent  
 Name: **Timothy Kemp**  
 Street Address (P.O. Box Number is Not Acceptable): **5825 Interbay Blvd**  
 City: **Tampa**      State: **FL**      Zip Code: **33611**

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]*      DATE: **3-9-02**  
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 \$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

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>KEMP, TARRY</b>                       |
| STREET ADDRESS | <b>2337 RUNYON CT.</b>                   |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>KEMP, LINDA</b>                       |
| STREET ADDRESS | <b>2337 RUNYON CT.</b>                   |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>KEMP, TIMOTHY</b>                     |
| STREET ADDRESS | <b>2113 S. AVE., APT. A</b>              |
| CITY-ST-ZIP    | <b>TAMPA FL 33606</b>                    |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>D Kemp, Timothy</b>  |
| STREET ADDRESS | <b>5825 Interbay Blvd.</b>  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33611</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: *[Signature]*      DATE: **3-9-02**      DAYTIME PHONE #: **407 856-7789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/02