

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90086-048-\$550.00-\$550.00

DOCUMENT # P02000046022

1. Entity Name
B & A EVENT SPECIALISTS, INC.



FILED

03 SEP 22 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4745 SOUTH ORANGE AVENUE
ORLANDO FL 32806**

Mailing Address
**4745 SOUTH ORANGE AVENUE
ORLANDO FL 32806**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-060-4006

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

**BRANTLY, JAMES M JR.
4745 SOUTH ORANGE AVENUE
ORLANDO FL 32806**

Name

BARBARA P. ROBSON

Street Address (P.O. Box Number is Not Acceptable)

4745 So. ORANGE AVE.

City **ORLANDO**

FL

Zip Code
32806

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 *Barbara P. Robson*
Signature, typed or printed name of registered agent and title if applicable.

BARBARA P. ROBSON T/OWNER

9-4-03

(NOTE: Registered Agent signature required when resigning)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANTLY, JAMES M JR. 4745 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA P. ROBSON 4745 So. ORANGE AVENUE ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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: *Barbara P. Robson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA P. ROBSON
Date **9/9/03** 407-850-2131
Daytime Phone #