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Date

2002 UNIFORM BUSINESS REPORT (UBR)

Larry Leach Pres.

SIGNATURE:

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # F00000005950 1. Entity Name 02-20-2002 90017 043 ***150.00 EVENT CONSULTANTS, INC. Mailing Address Principal Place of Business 719 CORAL DR 719 CORAL DR CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 39-1277367 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEACH, LARRY Street Address (P.O. Box Number is Not Acceptable) 719 CORAL DR CAPE CORAL FL 33904 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. TITLE ☐ Change ☐ Addition **CPT** ☐ Delete LEACH, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 719 CORAL DR CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE WS NAME LEACH, KAREN STREET ADDRESS STREET ADDRESS 719 CORAL DR CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 maximy 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