

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90049 047 ***150.00

DOCUMENT # F99000000501

1. Entity Name
U.S. EVENTS AND MARKETING, INC.



Principal Place of Business
**900 PARISH STREET
PITTSBURGH PA 15220**

Mailing Address
**900 PARISH STREET
PITTSBURGH PA 15220**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1825736**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCGRATH, KELLEY
4210 METRO PARKWAY SUITE 210
FT. MEYERS FL 33916**

7. Name and Address of New Registered Agent

Name
ANTHONY F. RENDA

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

2617 HALFMOON WALK

City
NAPLES

FL

Zip Code
34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
RENDA, ANTHONY F
MERRIMAN ROAD
SEWICKLEY PA 15143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
KELLY, MARYANN
521 ELMVIEW DRIVE
ELIZABETH PA 15037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
D'ERRICO, IDA
1170 BOWER HILL ROAD NO. 610
PITTSBURGH PA 15243** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Diave Greco
1500 Cochran Rd #806
Pittsburgh Pa 15243** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

412 875 1800

Date

Daytime Phone #

CR2E034 (10/02)