

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71924

1. Entity Name  
EVENTMAKERS CORPORATION

FILED

02 NOV -6 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

Principal Place of Business

3701 W AZEELE ST  
TAMPA FL 33609  
US

Mailing Address

3701 W. AZEELE STREET  
TAMPA FL 33609  
US

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 59-2940107

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFANY, DARRELL R.  
3701 W AZEELE STREET  
TAMPA FL 33609

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FREE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	STEFANY, DARRELL R	
STREET ADDRESS	402 SHORECREST DR	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PASSATH, KRISTIN L	
STREET ADDRESS	4417 ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	C	<input type="checkbox"/> Delete
NAME	STEFANY, BARBARA	
STREET ADDRESS	808 BAYSIDE DR	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000008838270  
11/06/02--01138--008 \*\*758.75

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02 (815) 353-0070