

2002 UNIFORM BUSINESS REPORT (UBR)

0615442 AV

DOCUMENT # L10318

1. Entity Name
CIRCUS EQUIPMENT CORPORATION

FILED

02 MAR -4 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 49196
~~P.O. BOX 49196~~
SARASOTA FL 34230
US

Mailing Address
P.O. BOX 49196
SARASOTA FL 34230
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0140552		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CZEISLER, LUDWIG 7643 COVE TERR 1241 GULF OF MEXICO DRIVE, APT 407 SARASOTA FL 34230 LONGBOAT KEY, FL 34228		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZEISLER, LUDWIG APT 407 7643 COVE TERR 1241 GULF OF MEXICO DRIVE SARASOTA FL LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500005044355--0 -03/05/02--01064--005 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZEISLER, FRANZ 1241 GULF OF MEXICO DRIVE, APT 407 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Ludwig Czeisler* LUDWIG CZEISLER 2-25-02 (941) 360947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)