

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90004 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000020139

1. Entity Name

• BIG TOP ENTERTAINMENT, A CLOWN COMPANY, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

• 1554 Leeworth Lane

3. Mailing Address

• P.O. Box 238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

• Jacksonville, FL

City & State

• Jacksonville, FL

4. FEI Number

• 59-3649054

Applied For

Not Applicable

Zip

• 32221

Country

• USA

Zip

• 32220-0238

Country

• USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

• Portia L. Gillespie

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

• 1554 Leeworth Lane

• Jacksonville

City

• 1

FL

Zip Code

• 32221

**DO NOT WRITE
IN THIS SPACE**

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

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

• President

STREET ADDRESS

CITY - ST - ZIP

Portia L. Gillespie
P.O. Box 238
Jacksonville, FL 32220-0238

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Portia L. Gillespie

Portia L. Gillespie

2/6/02

(104)

786-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)