

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90211 011 \*\*\*150.00

**DOCUMENT # P00000023940**

1. Entity Name

**ALL EVENTS CATERING, INC.**



Principal Place of Business

**3603 W. WATERS AVENUE  
SUITE B  
TAMPA FL 33614**

Mailing Address

**3603 W. WATERS AVENUE  
SUITE B  
TAMPA FL 33614**

2. Principal Place of Business

**1920 E 7th Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**1920 E 7th Ave**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**TAMPA FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3630196**

Applied For

Not Applicable

Zip

**33605**

Country

**USA**

Zip

**33605**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DELGIORNO, STEPHEN  
3308 SAN JUAN STREET  
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **ADAM HARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1354 FOXBORO DRIVE**  
City **BRANDON** FL Zip Code **33511**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HARRIS, ADAM**  
STREET ADDRESS **1354 FOXBORO DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **VP** ☒ Delete  
NAME **DELGIORNO, STEPHEN**  
STREET ADDRESS **3308 SAN JUAN**  
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**ADAM HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)