

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0019600 AV

DOCUMENT # P00000055977

1. Entity Name
VF EVENTS & TALENT, INC.

04-02-2002 90073 013 ***150.00

Principal Place of Business

Mailing Address

140 S. ATLANTIC AVE., 5TH FL.
ORMOND BEACH FL 32176

140 S. ATLANTIC AVE., 5TH FL.
ORMOND BEACH FL 32176



2. Principal Place of Business

3. Mailing Address

140 S. Atlantic Ave.
Suite, Apt. #, etc. #501

140 S. Atlantic Ave.
Suite, Apt. #, etc. #501

DO NOT WRITE IN THIS SPACE

City & State

City & State

Ormond, FL

Ormond, FL

4. FEI Number

59-3668039

Applied For

Not Applicable

Zip

Country

Zip

Country

32176 USA

USA

32176

USA

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

FOLEY, VICKI L
140 S. ATLANTIC AVE., 5TH FL.
ORMOND BEACH FL 32176

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

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FOLEY, VICKI L
140 S. ATLANTIC AVE., 5TH FL.
ORMOND BEACH FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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:

Vicki Foley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2002 676-2223

Date

Daytime Phone #

CR2E034 (9/01)