

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90010 011 ***150.00

DOCUMENT # P00000071723

1. Entity Name

EVENT STAFFING PROFESSIONALS, INC.

Principal Place of Business

**4349 HAMMERSMITH DRIVE
CLERMONT FL 34711**

Mailing Address

**4349 HAMMERSMITH DRIVE
CLERMONT FL 34711**

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

59-3659354

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

KILBY, MARGARET L

**4349 HAMMERSMITH DRIVE
CLERMONT FL 34711**

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 \$550.00
After September 12, 2001 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

TITLE **PD** ☐ Delete
NAME **KILBY, MARGARET L**
STREET ADDRESS **4349 HAMMERSMITH DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VSTD** ☐ Delete
NAME **KILBY, GARY WAYNE**
STREET ADDRESS **4349 HAMMERSMITH DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 - 242-4455
7-16-01

CR2E034 (5/01)

ATTACHMENT



Event Staffing Professionals, Inc.

7/16/2001

P000000071723
B0060069

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I Margaret Kilby, owner of Event Staffing Professionals, Inc. would like to inform you that the copy of the form 2001 Uniform Business Report, that I received the end of June 2001 was the first time I have received any information that this report was to be filed.

When I called the number on the form, I was told to write a letter explaining the fact that this was my first contact with your office.

If at all possible I would appreciate it if you could waive the late fees.

I am enclosing my company check number 1069 in the amount of \$150.00.

Thank you, for your consideration in this matter.

Margaret Kilby
President
Event Staffing Professionals, Inc.