

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000Q89748

1. Entity Name
UTOPIA EVENTS, INC.

Principal Place of Business

2198 MAIN ST
SARASOTA FL 34237

Mailing Address

2198 MAIN ST
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

52 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203

City & State

City & State

WILTON MANORS

Zip

Country

Zip

Country

33311

Broward

6. Name and Address of Current Registered Agent

JAENSCH, CHRISTOPHER
2198 MAIN ST
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

OLIVER SCHUNK

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

613 L'HOMMEDIEU STREET

City

LEHIGH ACRES

FL

Zip Code

33936

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

SCHUNK, OLIVER (DIRECTOR)

04/07/01

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, 2001 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
SCHUNK, OLIVER
1900 E 5TH ST
LEHIGH ACRES FL 33972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHUNK OLIVER
613 L'HOMMEDIEU STREET
LEHIGH ACRES, FL 33936 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SCHUNK, OLIVER (DIRECTOR)

04/07/01

841-3686834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413366

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE