

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

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90413 022 \*\*\*150.00

DOCUMENT # 901000052790

1. Entity Name

Global Event Management Services, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4615 Gulf Boulevard

Suite, Apt. #, etc.

#104-119

City & State

St. Pete Beach FL

Zip

33706

Country

Pinellas

3. Mailing Address

4615 Gulf Boulevard

Suite, Apt. #, etc.

#104-119

City & State

St. Pete Beach FL

Zip

33706

Country

Pinellas

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4. FEI Number

59-3714240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Tracy S. Thomas, Esq.

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

Law offices of Jonathan James Demont

12100 Seminole Blvd

City

Largo

FL

Zip Code

33778

**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	STREET ADDRESS	CITY-ST-ZIP
President / Director / Treasurer	Krissy J. Colburn	4615 Gulf Blvd. #104-119	St. Pete Beach FL 33706
Vice-President / Director / Secretary	Henry B. Smith	4615 Gulf Blvd. #104-119	St. Pete Beach FL 33706

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 (727) 515-9443

Day

Daytime Phone #

CR2E034B (12/01)