

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 024 ***158.75

DOCUMENT # P01000066183

1. Entity Name SPECIAL EVENT RENTALS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5435 SHIRLEY ST

Suite, Apt. #, etc.

3. Mailing Address

5435 SHIRLEY ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

593731595

Applied For

Not Applicable

Zip

34109

Country

U.S.A.

Zip

34109

Country

U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARY ANN CROOKER

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

5435 SHIRLEY ST

City

NAPLES

FL

Zip Code

34109

**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

M. Crooker MARY ANN CROOKER

April 30/02

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
MARY ANN CROOKER
1729 MARSH RUN
NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
KEN CROOKER
10886 LONGSHORE WAY W.
NAPLES 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
NERI LOVES
10886 LONGSHORE WAY W
NAPLES FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Crooker MARY ANN CROOKER April 30/02 2395978141

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/01)