

2002 UNIFORM BUSINESS REPORT (UBR)

4/7/1

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90083 047 \*\*\*150.00

**DOCUMENT # P01000090228**

1. Entity Name

**SPECIAL EVENTS CONCESSION COMPANY, INC.**

Principal Place of Business

13652 LANDERS DRIVE  
 HUDSON FL 34667

Mailing Address

13652 LANDERS DRIVE  
 HUDSON FL 34667

2. Principal Place of Business

8440 ULMER RD

3. Mailing Address

Suite, Apt. #, etc.

Suite 506

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

33771

Country

FL

Zip

Country

4. FEI Number

59-3760270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CARMEN, WILLIAM J. JR.  
 13652 LANDERS DRIVE  
 HUDSON FL 34667

7. Name and Address of New Registered Agent

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

*William J. Carmen*

Signature, typed or printed name of registered agent and birth applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PRESIDENT			<input type="checkbox"/>
	WILLIAM J. CARMEN JR	13652 LANDERS DRIVE	HUDSON FL 34667	
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*William J. Carmen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

DATE

727-5315447

Daytime Phone #

CR2E034 (9/01)