

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 26, 2002 8:00 am  
Secretary of State

03-26-2002 90008 034 \*\*\*150.00

DOCUMENT # P01000090440

1. Entity Name

Florida Tickets, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

337 N Hwy US 27

Suite, Apt. #, etc.

3. Mailing Address

PO Box 120981

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3744517

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34712-0981

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jennifer J. Mayen

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

16028 Horizon Court

City

Clermont

FL

Zip Code

34711

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

*Jennifer J. Mayen*

Jennifer J. Mayen

3-13-02

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  
P/S  
Jennifer J. Mayen  
PO Box 120981  
Clermont, FL 34712-0981

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/P  
Kenneth J. Mayen  
PO Box 120981  
Clermont, FL 34712-0981

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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DO NOT WRITE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jennifer J. Mayen*

Jennifer J. Mayen

3-13-02

407-905-6199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)