

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90124 003 ***150.00

DOCUMENT # P01000094659

1. Entity Name
FIESTA ENTERTAINMENT INC.

Principal Place of Business

**34050 LEE AVE.
 LEESBURG FL 34788**

Mailing Address

**34050 LEE AVE.
 LEESBURG FL 34788**

2. Principal Place of Business

34050 Lee Ave

Suite, Apt. #, etc.

Leesburg, FL

City & State

3. Mailing Address

34050 Lee Ave

Suite, Apt. #, etc.

Leesburg, FL.

City & State

Zip

Country

34788 USA

Zip

Country

34788 USA

4. FEI Number

59-3753738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EMMONS, MARK
 34050
 LEESBURG FL 34785**

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 **MARK D. EMMONS**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-02

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	KEVIN W. LODWICK	
STREET ADDRESS	4740 CR 120	
CITY-ST-ZIP	WILLOWOOD FL 32485	
TITLE	MARK D. EMMONS V. Pres.	<input type="checkbox"/> Delete
NAME	34050 LEE AVE	
STREET ADDRESS	LEESBURG, FL 34788	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 (352) 483-3636

CR2E034 (9/01)