

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

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90291 005 \*\*\*150.00

**DOCUMENT #**

P01000097183

1. Entity Name

EVENTFEST, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2269 S. University Dr.

3. Mailing Address

2269 S. University Dr.

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

411

City & State

Davie, FL 33324

City & State

Davie, FL 33324

4. FEI Number

65-1142288

Applied For

Not Applicable

Zip  
33324

Country  
Broward

Zip  
33324

Country  
Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JEFFREY FREEMAN

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

2269 S. UNIVERSITY DR., #411

City

DAVIE

FL

Zip Code  
33324

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  
D/P  
JEFFREY FREEMAN  
2269 S. UNIVERSITY DR., #411  
DAVIE, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
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

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

86137781  
PD/000697103

Eventfest, Inc.  
2269 S. University Drive, Suite 411  
Davie, FL 33324

July 10, 2003

Department of State  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed is our check for \$150.00 and our Uniform Business Report. We did not receive a pre-printed form for this year.

Yours truly,



Jeff Freeman  
President