

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90713 022 ***150.00

DOCUMENT # P01000100108

1. Entity Name
EVENT SERVICES & SUPPORT, INC.

Principal Place of Business
106 1ST LANE
PALM BCH GARDENS FL 33418

Mailing Address
106 1ST LANE
PALM BCH GARDENS FL 33418

2. Principal Place of Business
505 NE 3rd St
Suite, Apt. #, etc.
Suite #200

3. Mailing Address
505 NE 3rd St
Suite, Apt. #, etc.
Suite #200

City & State
Delray Beach, Florida

City & State
Delray Beach, Florida

Zip
33483 **Country**
USA

Zip
33483 **Country**
USA

4. FEI Number
65-1143634

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, PETER K
106 1ST LANE
PALM BCH GARDENS FL 33418

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 _____ **DATE** _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, PETER K	
STREET ADDRESS	106 1ST LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUNRO, MARIA	
STREET ADDRESS	106 1ST LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PETER K	
STREET ADDRESS	106 1ST LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNRO, MARIA	
STREET ADDRESS	106 1ST LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
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
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: MARIA MUNRO **(561) 276-3136** **4/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)