

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90344 020 ***150.00

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DOCUMENT # P01000120844

1. Entity Name

AT ANY EVENT, INC.



Principal Place of Business

**4629 BRAINERD BAYOU RD
SANIBEL FL 33957**

Mailing Address

**4629 BRAINERD BAYOU RD
SANIBEL FL 33957**

2. Principal Place of Business

5690 San-cap Rd

3. Mailing Address

5690 San-cap Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanibel FL

City & State

Sanibel FL

Zip

33957

Country

USA

Zip

33957

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

26-0004129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBISON, LINDA R
6450 PINE AVE
SANIBEL FL 33957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CIMRING-ROBISON, DEBI**
STREET ADDRESS **4629 BRAINARD BAYOU BLVD**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **V** ☐ Delete
NAME **FLEMING, JANE**
STREET ADDRESS **9150 RASPBERRY CT**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ST** ☐ Delete
NAME **CIMRING-BIEBER, DIANN**
STREET ADDRESS **1300 BILTMORE DR**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

Daytime Phone #

CR2E034 (10/02)