

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0130718 AV

DOCUMENT # P02000058951

1. Entity Name  
EVENT-FULL PROMOTIONS, INC.



Principal Place of Business  
3710 2 AVE  
VALKARIA FL 39250

Mailing Address  
3710 2 AVE  
VALKARIA FL 39250

2. Principal Place of Business

3. Mailing Address

294 Woodland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

4. FEI Number

45-0483503

Applied For  
Not Applicable

Zip

Country

32904

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIBBITTS, ROBIN  
101D MELBOURNE AVE  
INDIALANTIC FL 32903

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

Robin Tibbitts

4.26.03

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 D  
NAME VICKERY, TIM  
STREET ADDRESS 721 HYANNIE ST NE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE D  
NAME TIBBITTS, ROBIN  
STREET ADDRESS 3710 2 AVE  
CITY-ST-ZIP VALKARIA FL 39250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900020055789  
05/29/03--01006--022 \*\*\$150.00

TITLE D  
NAME Tibbitts, Robin  
STREET ADDRESS 294 Woodland Drive  
CITY-ST-ZIP Melbourne, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

Robin Tibbitts

4.26.03

321-952-4938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

gr 5/27