2003 FOR PROFIT CORPGRATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 11, 2003 8:00 am Secretary of State

5/15

DOCUMENT # P02000083967 1. Entity Name THE EVENT GROUP, INC.										05-15-2003 9011:	5 041 * °	**150.00		
Principal Place of Business 12021 FINANING FOX CR. 709 Gran RIVERVIEW N. 33569 Kaymen Way Apollo Beach, FL 33572 Riveru							1866			55047564				
2. Principal F			iling Address	View	' 	<u>ي د د</u> د	٥		_,	11	Ì			
Suite, Apt. #, etc.					Suite, Apt, #, etc.				,	CHECK HERE IF MAKING (HANGES			
City & State				City & State						FEI Number 5-07937/4		oplied For		
Zip	Country			Zip Cod			ntry 5.			Certificate of Status Desired \$	8.75 Ad	ditional	1	
	of Current R	gister	d Agent	<u> </u>	Name 6		7. N	Name and Address of New Registered Ag	ent		1			
TI FORIED LAVONA M							- Name -	R KI	47	TURNER			1	
TURNER, MYRNA M 12021 RUNNING FOX CR.							Street A	ddress (F	O B	Box Number is Not Acceptable) ARD KAYMEN WWY				
RIVERVIEW FL 33569							1200	2/-		YUNIUS FOX CHE	fe =	3572	1	
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			tatement for t	be purp	ose of changing	j its registere	ed office or	registere	ed age	ent, or both, in the State of Florida. I am far	niliar with,	and accept	1	
the obligat	tions of regist	ereo agent.	1			R. A.	, ,			12.18	2	2		
SIGNATURÉ	Signature, lyped	of printed name of re	gisteray spent du	title if app	ricable, (I	NOTE: Registered		JLI.			200	2		
FILE NOW!!! FEE IS \$450.00 After May 1, 2003 Fee will be \$550.00 Meke Check Payable to Florida Department of State							, ·			9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees		
10.		OFF	CERS AND DI	RECTO	RS	11.		A		DDITIONS/CHANGES TO OFFICERS AND D			1_	
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indicated of the cor	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 inhowered 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 other tike empowered.													
SIGNAT	URE:	SIGNATURE AN	D TYPED OF PRIN	MO NA	E OF SIGNING OFFIC	ER OR DIRECTO	PNEK	- 4.	14	plane 8/18/2017 (88)	e Phone #	1210		