

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90082 035 ***150.00

DOCUMENT # P92000014554

1. Entity Name
CONVENTION RESOURCE MANAGEMENT, INC.



Principal Place of Business
**7226 W. COLONIAL DR., #168
ORLANDO FL 32818
US**

Mailing Address
**7226 W. COLONIAL DR., #168
ORLANDO FL 32818
US**



2. Principal Place of Business
617 Delaney Park Dr.
Suite, Apt. #, etc.

3. Mailing Address
617 Delaney Park Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3156854

Applied For
Not Applicable

Zip Country
32806 ORANGE

Zip Country
32806 ORANGE

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

**WEIGAND, ERIC F
617 DELANEY PARK DR.
ORLANDO FL 32806**

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)

2/10/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WEIGAND, ERIC**
STREET ADDRESS **617 DELANEY PARK DR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **VP** ☐ Delete
NAME **QUARTANO, CAROL**
STREET ADDRESS **617 DELANEY PARK DR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 **407-293-2934**
Date Daytime Phone #

CR2E034 (10/02)