2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P96000022008** EFD EVENTS, INC. 05-11-2001 90053 003 ***150.00 Principal Place of Business Mailing Address 113 NO FEDERAL HIGHWAY 113 NO FEDERAL HIGHWAY DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0653594 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NO FEDERAL HIGHWAY DANIA FL 33004 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** Addition HILE ☐ Delete TITLE Change NAME DALTON, ELLEN L NAME STREET ADORESS 477 SE 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP **DANIA FL 33004** D TITLE TITLE Delete ☐ Change ☐ Addition DALTON, ELLEN L NAME NAMS STREET ADDRESS 477 SE 14TH STREET STREET ADDRESS CITY-ST-7IP DANIA FL 33004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE De:ete TITLE ☐ Change Addition NAM9 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 111 LE Delete DOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY ST-ZIP ☐ Delete Table TITLE Change Addition NAME STREET ADDRESS 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 itusted 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR