

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000016106

FILED
Mar 13, 2002 8:00 AM
Secretary of State

Entity Name: EVENT COORDINATORS, INC.

Current Principal Place of Business:

5969 NELSON PLACE SE
SALEM, OR 97306

New Principal Place of Business:

1995 SAGINAW STREET SOUTH
SALEM, OR 97302

Current Mailing Address:

5969 NELSON PLACE SE
SALEM, OR 97306

New Mailing Address:

1995 SAGINAW STREET SOUTH
SALEM, OR 97302

FEI Number: 65-0748554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLENSKY, WILLIAM
2531 S.W. DALLAS STREET
PORT ST. LUCIE, FL 34953

Name and Address of New Registered Agent:

OLENSKY, WILLIAM
2531 SW DALLAS STREET
PORT ST LUCIE, FL 34953

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: _____

03/13/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLISTER, TIM
Address: 14510 SW CHESTERFIELD LN
City-St-Zip: TIGARD, OR 97224

Title: V () Delete
Name: HOLLISTER, BRENDA
Address: 14510 SW CHESTERFIELD
City-St-Zip: TIGARD, OR 927224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HOLLISTER, BRENDA
Address: 1995 SAGINAW STREET SOUTH
City-St-Zip: SALEM, OR 97302

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA HOLLISTER

V

03/13/2002

Electronic Signature of Signing Officer or Director

Date