

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071652

1. Entity Name

EVENT SERVICES INT'L, INC.

Principal Place of Business

890 BEACH ROAD #4
SANIBEL FL 33957

Mailing Address

890 BEACH ROAD #4
SANIBEL FL 33957

2. Principal Place of Business

14540 Farrington Way
Suite, Apt. #, etc.
202

3. Mailing Address

14540 Farrington Way
Suite, Apt. #, etc.
202

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

US

Zip

33912

Country

6. Name and Address of Current Registered Agent

FULLER, PAMELA C
890 BEACH ROAD #4
SANIBEL FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

14540 Farrington Way #202

City

FL

Zip Code
33912

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 Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERITON-FULLER, PAMELA 890 BEACH ROAD #4 SANIBEL FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14540 Farrington Way, #202 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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.

SIGNATURE:

PAMELA CHERITON-FULLER, APRIL 15 2002 941-561-2557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04853832
AV

CR2E034 (9/01)