

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088918

1. Entity Name
EVENTS ETCETERA, INCORPORATED

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 019 ***150.00

Principal Place of Business

Mailing Address

4174 PALO VERDE DRIVE
BOYNTON BEACH FL 33436

4174 PALO VERDE DRIVE
BOYNTON BEACH FL 33436-3053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3506980

Applied For

Not Applicable

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

KRUSELL, ELEANOR JEAN
4174 PALO VERDE DRIVE
BOYNTON BEACH FL 33436

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	CEOP	<input type="checkbox"/> Delete
NAME	KRUSELL, ELANOR JEAN	
STREET ADDRESS	4174 PALO VERDE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRUSELL, ELEANOR JEAN	
STREET ADDRESS	4174 PALO VERDE DRVIE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRUSELL, ELEANOR JEAN	
STREET ADDRESS	4174 PAOL VERDE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1/19/00 301-736-7071